DOCUMENT RESUME

ED 101 824 PS 006 973

AUTHOR	Knape, Lawrence E.
TITLE	A Baseline for Improving Day Care Services In Region X. Volume 2. Final Report.
INSTITUTION	Unco, Inc., Washington, D.C.
SPONS AGENCY	Office of Education (DHEW), Washington, D.C.
PUB DATE	31 Mar 73
CONTRACT	OEC-X-72-0055
NOTE	265p.; For related documents, see PS 006 971-974
EDRS PRICE	MF-$0.76 HC-$13.32 PLUS POSTAGE
DESCRIPTORS	Accountability; Certification; Childhood Needs; *Day Care Services; Emergency Programs; *Family Day Care; *Federal Programs; Health; Nutrition; Personnel Evaluation; Physical Environment; *Program Evaluation; Safety; Staff Role; *Standards; State Agencies
IDENTIFIERS	Alaska; Idaho; Oregon; Washington

ABSTRACT

This report, the second in a three-volume study evaluating federally-supported day care in Alaska, Idaho, Oregon, and Washington, contains two sections: one examines the current level of day care services in the four states in relation to the proposed federal day care requirements; the other describes the structure of the individual state administering agencies and their capacity to administer their day care programs. A sample of various day care settings was surveyed in each state to determine the level of compliance with the proposed standards. The major areas of noncompliance are identified with an overview description of day care quality in each state. Descriptions are of the administering agency of each state and its licensing and monitoring practices, as well as the views of day care providers toward the federal, state, and local requirements are provided. (Author/CS)

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A BASELINE FOR IMPROVING DAY CARE SERVICES IN REGION X

VOL. 2

FINAL REPORT

PS006973

Contract No.

OEC-X-72-0055

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Unco Inc.

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A BASELINE FOR IMPROVING DAY CARE SERVICES IN REGION X

VOL. 2

Contract No.
OEC-X-72-0055

March 31, 1973

UNCO, INC.
TACOMA, WASHINGTON

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March 31, 1973

Ms. Robin Pasquarella
Project Officer
Region X
Department of Health, Education,
and Welfare
Arcade Plaza Building, M.S. 610
1321 Second Avenue
Seattle, Washington 98101

Dear Ms. Pasquarella:

RE: Contract No. OEC-X-72-0055, DAY CARE STUDY, REGION X

Unco, Inc. is pleased to submit twenty copies of the final report of an Evaluation of Day Care Services in Region X. Unco's project staff has found this study to be one of the most exciting and challenging projects in which we have been involved. The opportunity to be a part of a program which is undergoing change was particularly rewarding.

The Unco project staff would like to express the pleasure it had in working with the staff of DHEW Region X office. The consideration and cooperation received in the conduct of this project was invaluable.

Sincerely,

Lawrence E. Knape
Director, West Coast Programs

fm

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This study was conducted and this report was prepared under a contract with the Federal Region X office of the Department of Health, Education, and Welfare. Organizations undertaking such projects are encouraged to state their findings and express their judgments freely. Therefore, points of view or opinions stated in this document do not necessarily represent the official position of the Department of Health, Education, and Welfare.

UNCO

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SPECIAL DEDICATION TO REGION X

DAY CARE PROVIDERS

Here we are, just look under the forms
Statistical data, figures and norms
Is your ethnic minority black or sky blue
What do you do when a child has the flue
Fill in the numbers, sign on the line
A few hundred pages will do just fine
What does it cost, whom do you pay
How many trips to the bathroom per day
Total the figures, divide by point 3
It's very important, just wait and see
We'll issue a document, impressive and long
We'll tell you just how you are doing it wrong
You've finished with this one? Wait, don't go away
Here's another report that's due yesterday.
The children? Well, they'll just have to wait
Information is needed, so don't be late
Your primary job is to fill up our shelves
In the meantime, the kids can just fend for themselves.

Sandy Larson, Bookkeeper
Chugiak Parents & Children's Center
Chugiak, Alaska

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ACKNOWLEDGMENT

Unco, Incorporated, is pleased to acknowledge the valuable assistance of all those individuals who became involved with this project.

To list all of those to whom we are indebted for their help on this project would be an impossible task. Certainly, we wish to express our gratitude to those persons in the Region X office of the Department of Health, Education, and Welfare (Ms. Robin Pasquarella, Project Officer; Ms. Mary McLean, Management Intern; Mr. John Crossman, Analyst; and Mr. Ron Bake, Contract Officer, DHEW Region X office). The services, comments, and recommendations of these individuals have been particularly helpful.

We would like to express special thanks to the administering agency personnel, day care providers, and parents for their help in providing us with information about the day care programs in Region X.

Although not all are mentioned here....all are remembered with appreciation.

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GENERAL INTRODUCTION

This study is a product of the Region X Federal Regional Council's interest and concern about the quality of federally supported day care in the region. The study examines federally supported child care available in the States of Washington, Oregon, Idaho, and Alaska. The quality of care, and the impact of Federal Day Care Standards are examined both from the perspective of the state and local agencies which administer federal day care dollars and from the perspective of the providers who must meet federal standards.

There are several unique features of this project. The primary objective of the effort was to develop an action plan by which the Federal Regional Council can move to upgrade the quality of day care in the region. Further, a proposed set of federal day care standards was used as the baseline against which to measure the current quality of care in a sample of federally supported settings. The use of these proposed standards provides the region with advance information on possible implementation problems should these standards be adopted. Finally, the study is unique in its focus on the activities and mechanisms of the multi-level administrative units--federal region, states, counties, and cities--which are responsible for administering currently available federal funds for day care and for implementing the 1968 Federal Day Care Requirements (FDCR).

This report is divided into three volumes. Each volume either can be read alone, or the three volumes can be read in sequence. A brief description of each volume follows:

Volume 1 is entitled "A Day Care Action Plan." This volume presents four possible strategies for federal regional action in the area of day care. Each of these strategies specifies actions which the federal regional office can take, and the related actions required by state and local levels of government to upgrade day care in the context of present monetary constraints and the New Federalism.

Volume 2 is "A Baseline for Improving Day Care Services in Region X." This volume examines the current level of day care services in the states of Region X in relation to the proposed 1972 Federal Day Care Requirements. The volume describes both the quality of day care currently provided and the structure of state administering agencies and their capacity to administer the day care program within each state.

The final volume is "A Profile of Federally Supported Day Care in Region X." This volume develops a profile of the characteristics of day care providers and federally supported day care settings in Region X. The final chapter outlines the potential impact of the 1972 Federal Day Care Requirements on current costs of providing day care in the region.

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CHAPTER III

AN EXAMINATION OF REGION X CHILD CARE COMPLIANCE WITH THE PROPOSED 1972 FEDERAL DAY CARE REQUIREMENTS

A major part of this study was designed to examine the differences between the current level of care provided in federally supported child care settings and the level of care which would be required of providers if the proposed revisions in the 1972 FDCR standards were adopted. Since many of the proposed revisions are considerably different from the 1968 FDCR and often different from the individual state licensing standards, it was anticipated that there would be many points at which providers would be "out of compliance" with the proposed standards.

This Chapter examines a sample of federally supported day care centers, family and group day care homes and in-home care settings in terms of their conformity to the proposed 1972 FDCR. The findings should highlight problem areas in the implementation of the 1972 FDCR.

Proponents of the 1972 FDCR argue that, as compared to the 1968 FDCR, the proposed requirements are more specific, concrete, more easily interpreted, and are, therefore, more capable of being enforced. In the process of designing instruments for this study, using the 1972 FDCR as the baseline, Unco was able to evaluate each requirement as to whether it is measurable and, therefore, enforceable. This should be useful information to the agencies responsible for designing monitoring frameworks that are reasonably valid and reliable.

The proposed 1972 FDCR apply to three different child care settings--day care centers, family and group homes, and in-home care settings. This last setting was not covered under the 1968 requirements and is still treated differently than the other settings in the 1972 FDCR. The proposed requirements for in-home care apply primarily to caregiver characteristics, rather than facility and program specifications.

The proposed standards include 17 general requirements, and 89 sub-requirements or specific criteria that must be met by all operators receiving any federal support. In many instances, even the specific criteria listed

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below have several discrete parts that must be monitored separately. The following example (a part of one of the proposed requirements) demonstrates this new FDCR format. Separate aspects of the sub-requirements are underlined. Each aspect would require monitoring attention:

I.J. ENSURING CARE IN EMERGENCIES

EVERY FACILITY MUST BE CAPABLE OF SAFEGUARDING EACH CHILD IN CASE OF INJURY OR ILLNESS, OR OF FIRE, FLOOD, OR OTHER NATURAL DISASTER.

Evidence of Satisfactory Compliance:

1. There is a written and posted plan for evacuation of children in case of fire or other natural disaster; caregivers are aware of plan and have evacuation drills at least once a year.

2. A telephone is on the premises and immediately accessible. Emergency phone numbers are conspicuously posted on or adjacent to the phone.

3. A readily understandable chart describing first aid and emergency treatment techniques is conspicuously posted in each facility.

In order for a child care setting to be in compliance with the requirement set out in capital letters, all of the listed minimum criteria for compliance must be met.

The questionnaires administered to the family, group, and center operators included an item which covered each criterion in the 1972 FDCR. Many of the criteria were very concrete, and compliance was easy to determine. For example, either a center had a fire extinguisher or it did not. *On the other hand, some of the 1972 FDCR criteria were not so specific and they required considerable interpretation by individual interviewers.* In some cases, this required the development of more concrete, observable criteria prior to going into the field.*

*These interpretations may or may not be consistent with the intentions of the 1972 FDCR writers.

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A good example is the criterion, "Each caregiver must be able to work with children without recourse to physical punishment or psychological abuse." In order for a monitor to identify these behaviors, there are several things that could be looked at, each a more or less reliable index of what usually goes on at the center. Further, caregiver behaviors considered to be "psychologically abusive" are not specified in the 1972 standards, consequently, the monitoring agency or the licensing caseworker must determine compliance. *Under the current system in the states of Region X, this problem of the (often inexperienced) licensing caseworker has a considerable impact on the ability of the states to work with providers in improving care.**

Again, under the four states' present organization in which the person responsible for state licensing also monitors for FDCR compliance, there is little likelihood that the full range of "typical" behaviors will occur during a monitor's visit to a center or a home. The possibility of "contamination" in which a person's presence considerably alters normal activities is very real in this context.

Unless monitoring is related to something positive and constructive, in the provider's mind, such as an assessment of training needs, rather than something threatening (the potential revocation of a license) it will defeat its purpose--to provide a base for upgrading care.

For purposes of this report, the 17 major provider requirements in the 1972 FDCR have been clustered under 4 areas of provider operations.

1. ENSURING THE PHYSICAL SAFETY OF CHILDREN
   There are four proposed requirements which relate primarily to aspects of facility safety, accident prevention, and the close supervision of children in care.

---

*As Sale expressed in the recent Pacific Oaks project report,

> "Rapid turnover of workers appears to be a widespread phenomenon in all day care licensing, a situation that weakens stability and reduces program effectiveness. Licensing workers tend to be low woman--occasionally man--on the social worker totem pole. In Family Day Care, the problem is heightened by the marginability of position in the official administrative structure." (J.S. Sale, Open the Door. . . See the People. Pasadena: Pacific Oaks College, 1972, p. 61)

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2. ENSURING CONTINUING DEVELOPMENT OF CHILDREN AND CONTINUITY WITH HOME

Another four proposed requirements are focused on assuring that there are developmentally appropriate activities and equipment which contribute to the child's growth; that communication exists between the children's parents, caregivers, and school (if a school age child is enrolled); that children are not kept in the child care setting for longer periods than necessary; and that parents have an opportunity to be involved in the day care programs of their children.

3. ENSURING ADEQUATE NUTRITION AND CHILD HEALTH

Five standards pertain to the aspects of child care programs which contribute to child health: opportunities for rest and sleep, nutritional meals, sanitary food service, a staff free from mental and physical illness, and a plan for medical care in the event of an emergency.

4. ENSURING STAFF ACCOUNTABILITY, ADEQUACY, AND COMPETENCE

The final area of coverage by the proposed standards pertains to the background and ability of caregivers to manage a child care program and to provide a program which meets the other standards. Standards for staff/child ratios and fair admission procedures are also included here.

Under each heading in the sections which follow there are two summary compliance tables--one for centers and a second for family day care homes. Group homes, numbering only 19 and sampled on an exemplary basis, and in-home situations are discussed separately. The compliance tables present a summary by state of the number of family day care homes or centers that did not meet the criteria in the left-hand column.

In many instances, several questions from the interviews with operators were summarized to arrive at this final score. In scoring, when any one of the related

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questionnaire items was not in compliance, the center or home was considered to be out of compliance on the entire sub-requirement. In this report, when 20% or more of family homes or centers in the Region were not currently operating according to a proposed requirement, it was considered to be an area warranting further study by those who will implement the standards. The 20% cutoff point was largely an arbitrary choice. However, since providers are not yet required to meet the 1972 FDCR, and since many of the new requirements do not appear in present state or federal standards, it was felt that if 80% or more of all providers were already in compliance, the item would not create major implementation problems if the 1972 FDCR were adopted. Further, it is estimated that if more than 20% of all providers are out of compliance with an item, the administrative staff time required to upgrade the area would put a sizable burden on the already minimal staff. Each of these poor performance items is discussed in more detail in the narrative following the compliance tables.

In addition to the number of centers or homes which do not currently meet the proposed requirements, the tables include notations for each state as to whether a state licensing standard similar to the 1972 FDCR currently exists, or whether the requirement was included in the 1968 FDCR.

Notation in the tables is as follows:

1972 FDCR ITEM	PERCENT OF DAY CARE CENTERS NOT IN COMPLIANCE WITH 1972 FDCR				
	Wash. (n=24)	Oregon (n=16)	Idaho (n=15)	Alaska (n=17)	Region (n=72)
I.E.4	68 4% Sp	68 4% S	68 7% S	68 7% Sp	5%

I.E.4 = Proposed 1972 standard.
5% = Percent of centers in Region X that do not fully meet the proposed standard.
68 = Covered in 1968 FDCR.
68p = Partially covered in 1968 FDCR.
S = State currently has a requirement covering standard.
Sp = State currently has a requirement partially covering standard.

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3.1 ENSURING THE PHYSICAL SAFETY OF CHILDREN

Many of the FDCR requirements pertaining to ensuring the physical safety of children in care relate to some aspect of the quality of the child care facilities. *Of all areas in which local codes and state standards provide coverage, facility safety is the most frequently covered.*

The 1972 FDCR do not set out extensive or unreasonable facility requirements, although they do require that operators possess written evidence of compliance with local codes and state regulations pertaining to fire, safety, sanitation, and licensing. As the comments by providers indicate (included at the end of Chapter IV), the lack of uniformity, frequent changes, and inappropriateness of some local facility codes, often create considerable hardships for operators.* *At present, the majority of local and state monitoring of child care settings focuses almost entirely on a considerable variety of facility requirements which are only part of the factors relating to the provision of a good child-rearing environment.*

The 1972 FDCR more heavily emphasize the program and staff requirements related to quality child care than

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*This was substantiated by the findings of another study:

"In order to rapidly provide protection for children, many day care licensing regulations were adopted on the basis of expediency rather than on a careful evaluation of the special nature of these programs and the unique needs these programs were designed to serve. Thus, some of the requirements were adopted from hospital and restaurant licensing codes, foster home placement requirements, and other seemingly similar programs operating in the public interest. In general, licensing requirements mandated stringent environment conditions, considerations of basic health and nutrition standards, and provisions for play space and adult supervision.

Thus, many states now find themselves with a licensing code that is inappropriate, antiquated, obscure, and unnecessarily difficult to administer and enforce. In addition, many states have discovered that where licensing regulations do provide for adequate facilities, they do not necessarily provide quality programs for children." (R.G. Barker, Basic Facts About the Licensing of Day Care, Washington, D.C.: DCCDCA, 1970, p. 1.)

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TABLE 3.1

DAY CARE CENTERS COMPLIANCE TABLE:

ENSURING CHILD'S PHYSICAL SAFETY

1972 FDCR Item	Percent of Centers Not In Compliance				
	Wash. (n=24)	Oregon (n=16)	Idaho (n=15)	Alaska (n=17)	Region (n=72)
I.A.1 Operators must possess written evidence of compliance with local & state codes & regulations to: fire, safety, sanitation, & licensing.	68 4% S	68 13% S	68 7% S	68 0 S	6%
I.B.1 Safe & effective heat system. Hot appliances & similar hazards adequately screened or insulated to prevent burns.	68 4% S	68 13% S	68 7% S	68 6% S	7%
I.B.2 No highly flammable furnishings or decorations used. Flammable materials & potential poisons in storage accessible only to authorized persons.	4%	31%	2%	6%	14%
I.B.3 An approved, working fire extinguisher available in case of power failure.	25% S	25% Sp	47%	12% Sp	26%
I.B.4 Premises clean & free of hazards & undesirable conditions: rodents, vermin, fumes, excessive noise, etc.	0 S	0 Sp	7%	6%	3%
I.B.5 Outdoor play areas fenced from unsafe areas. Children under 10: no ponds or swimming areas without supervision.	4% S	25% S	33% Sp	29% S	21%
I.B.6 Premises clear of splintered, sharp, protruding corners, loose or broken parts. Stairways have railings. Safety gates used with toddlers & infants. Glass doors marked.	4% S	0	0	6% S	3%

TABLE 3.1

DAY CARE CENTERS COMPLIANCE TABLE:

ENSURING CHILD'S PHYSICAL SAFETY, Cont.

1972 FDCR Item	Percent of Centers Not In Compliance				
	Wash. (n=24)	Oregon (n=16)	Idaho (n=15)	Alaska (n=17)	Region (n=72)
I.B.7 Paint coatings evaluated to assure absence of lead on premises where care is provided children under age 6.	25%	50%	67%	18%	38%
I.B.8 Rooms are well lit.	4% S	0	7% S	0 S	3%
I.B.9 Water source approved by appropriate local authority. Adequate toilets & handwashing facilities available.	8% S	13% S	13% S	12% S	11%
I.B.10 All sewage & liquid waste disposed of through approved sewage system. Solid waste collected & stored in safe & sanitary manner.	68p 4% S	68p 0 S	68p 7% S	68p 0 S	3%
I.B.11 Infants & toddlers in care: sufficient diapers & provision for disposal of soiled diapers. Handwashing & bathing facilities. Toilet trainers.	0 S	6%	0 S	0	1%
I.B.12 35 sq. ft. indoor space per child exclusive of halls, bathrooms, etc.,or limited indoor space offset by outdoor space if shelter & climate permit reliable use of such space for activities normally conducted indoors	0 S	38% S	13%	6%	13%
I.B.13 When handicapped children given care, adequate provision made for special needs to ensure safety and comfort.	0	0	0	18%	4%

TABLE 3.1

DAY CARE CENTERS COMPLIANCE TABLE:

ENSURING CHILD'S PHYSICAL SAFETY. Cont.

1972 FDCR Item	Percent of Centers Not In Compliance				
	Wash. (n=24)	Oregon (n=16)	Idaho (n=15)	Alaska (n=17)	Region (n=72)
I.I.1 Day care activities & premises do not expose children to hazardous situations per age of child.	8%	25%	27%	47%	25%
I.I.2 Caregivers help children to increase own awareness of safety practices & to learn how to avoid hazards.	0	0	0	6%	1%
I.K.1 Daily attendance records kept and all absences discussed with parents.	8%	13%	27%	18%	15%
I.K.2 Operator aware of parents' wishes concerning: a. persons with whom child may leave facility. b. what activities child may undertake without direct supervision. c. what method of request may be used by school age child for out-of facility activities.	58% Sp	44%	47%	59%	53%
I.K.3 Caregiver within seeing & hearing distance of child under 6 at all times.	0 S	0 S	0 S	0 S	0

TABLE 3.2

FAMILY DAY CARE HOMES COMPLIANCE TABLE:

ENSURING CHILD'S PHYSICAL SAFETY

1972 FDCR Item	Percent of Homes Not In Compliance				
	Wash. (n=129)	Oregon (n=96)	Idaho (n=28)	Alaska (n=23)	Region (n=276)
I.A.1 Operators must possess written evidence of compliance with local & state codes & regulations to: fire, safety, sanitation & licensing.	68 13% S	68 15%	68 11% Sp	68 22% S	14%
I.B.1 Safe & effective heat systems. Hot appliances & similar hazards adequately screened or insulated to prevent burns.	68p 7% Sp	68p 5%	68p 4% S	68p 4% S	6%
I.B.2 No highly flammable furnishings or decorations used. Flammable materials & potential poisons in storage accessible only to authorized persons.	8%	20%	21%	22%	15%
I.B.3 An approved, working fire extinguisher available & emergency lighting available in case of power failure.	68%	73%	75% Sp	48%	69%
I.B.4 Premises clean & free of hazards & undesirable conditions: rodents, vermin, fumes, excessive noise, etc.	5% Sp	1%	0 Sp	0	3%
I.B.5 Outdoor play areas fenced from unsafe areas. Children under 10: no ponds or swimming areas without supervision.	22%	42%	36% S	52% S	33%
I.B.6 Premises clear of splintered, sharp, protruding corners, loose or broken parts. Stairways have railings. Safety gates used with toddlers & infants Glass doors marked.	15%	8%	7%	0	11%

TABLE 3.2

FAMILY DAY CARE HOMES COMPLIANCE TABLE:

ENSURING CHILD'S PHYSICAL SAFETY, Cont.

1972 FDCR Item	Percent of Homes Not In Compliance				
	Wash. (n=129)	Oregon (n=96)	Idaho (n=28)	Alaska (n=23)	Region (n=276)
I.B.7 Paint coatings evaluated to assure absence of lead on premises where care is provided children under age 6.	44%	73%	67%	26%	55%
I.B.8 Rooms are well lit.	3% S	5%	0 S	9% S	4%
I.B.9 Water source approved by appropriate local authority. Adequate toilets & handwashing facilities available.	68 6% S	68 2%	68 0 S	68 9% Sp	4%
I.B.10 All sewage & liquid waste disposed of through approved sewage system. Solid waste collected & stored in safe & sanitary manner.	68p 2%	68p 3%	68p 0	68p 4% S	3%
I.B.11 Infants & toddlers in care: sufficient diapers & provision for disposal of soiled diapers. Handwashing & bathing facilities. Toilet trainers.	4%	4%	0	4%	4%
I.B.12 35 sq. ft. indoor space/child exclusive of halls, bathrooms, etc., or limited indoor space offset by outdoor space if shelter & climate permit reliable use of such space for activities normally conducted indoors.	6%	14%	7%	17%	10%
I.B.13 When handicapped children given care, adequate provision made for special needs to ensure safety and comfort.	4%	13%	11%	26%	9%

TABLE 3.2

FAMILY DAY CARE HOMES COMPLIANCE TABLE:

ENSURING CHILD'S PHYSICAL SAFETY, Cont.

1972 FDCR Item	Percent of Homes Not In Compliance				
	Wash. (n=129)	Oregon (n=96)	Idaho (n=28)	Alaska (n=23)	Region (n=276)
I.I.1. Day care activities & premises do not expose children to hazardous situations per age of child.	39%	52%	43%	78%	47%
I.I.2 Caregivers help children to increase own awareness of safety practices & to learn how to avoid hazards.	5%	3%	11%	9%	5%
I.K.1 Daily attendance records kept and all absences discussed with parents.	24% Sp	8%	39%	26% Sp	20%
I.K.2 Operator aware of parents' wishes concerning: a. persons with whom child may leave facility. b.what activities child may undertake without direct supervision. c. what method of request may be used by school age child for out-of facility activities.	22% Sp	20%	50%	65%	28%
I.K.3 Caregiver within seeing & hearing distance of child under 6 at all times.	2% S	1% S	0 S	4% S	2%

do many of the current state and local requirements. However, states in this region are beginning to adopt revisions to their state licensing requirements which relate to program and personnel factors. *It seems likely that the state licensing workers will become more sensitive to the programmatic aspects of child care settings with which FDCR is concerned as the local and state emphasis in these areas increases.*

Of the 19 proposed criteria relating to child safety, there were six not being met by more than 20% of the homes or centers in the sample.

> I.B.3 - An approved working fire extinguisher is available and emergency lighting is available in case of power failure.

In none of the state licensing standards in this Region is there presently a requirement that family or group day care homes have fire extinguishers or sources of emergency lighting. Nor were these features required in the 1968 FDCR. Reflecting this general lack of previous emphasis, 68.8% of the family day care homes in the sample did not meet this proposed requirement. There were 189 family day care homes that had no fire extinguisher, while 13 had no emergency light source such as a flashlight, candle, fireplace, or lantern.

In the states of Washington, Oregon, and Alaska, day care centers must meet State Fire Marshal approval, which may include the requirement of a fire extinguisher. Only the State of Washington currently has a requirement that emergency lighting be available, but it is a requirement only in centers which are open during hours of darkness. Four of the 72 centers sampled in the Region had no fire extinguisher, while 17 had no source of emergency lighting. The 1972 standards do not limit the emergency lighting requirement only to those centers and homes open during hours of darkness, and the purchase of a flashlight or other emergency light source should not be any financial burden.

The requirement of a fire extinguisher for each family day care operator would mean an initial expense to homes which serve federally supported children. In Washington 1,100 family day care homes of the more than 7,000 with state licenses would be required to have a

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fire extinguisher since they currently serve federally supported children.

> I.B.5 - Outdoor play areas are fenced or have other suitable barriers where necessary to prevent children from getting into unsafe areas. When children under age 10 are given care, there are no ponds or swimming areas accessible to the children without supervision.

The overwhelming area in which both centers and homes fell short of these criteria was the requirement of fences or other barriers. In fact, the item for this criterion was purposely made more stringent than the proposed 1972 standard in order to anticipate the maximum number of compliance problems. The number recorded as out of compliance is actually the number of centers and homes which do not have a fenced play area; this does not include other types of natural barriers or partial fencing. Thus, 14 centers had unfenced play areas, as did 88 family day care homes. Depending on the interpretation of the individual monitoring caseworker, some of these centers or homes located on cul-de-sacs, quiet streets, or in more rural areas may well be considered safe. *At most, 30% of the facilities which fall under the proposed 1972 standards would require some additional expenditures for fencing.*

None of the four states has a specific requirement for a fenced play area. However, all state standards have a current provision such as, "Play space out-of-doors must be so enclosed or patrolled as to protect the children from street hazards."

> I.B.7 - Paint coatings in premises used for care of children under age 6 have been evaluated to assure the absence of a hazardous quantity of lead.

The percentages of non-compliance on this item, both for centers and homes, is actually a considerable overestimation of the actual number of evaluations for lead paint that have been done in the states. Many homes and centers visited were less than 10 years old and the owners and operators knew the type of paint used. These were often coded "not applicable."

No state codes are known to include this provision, nor did the 1968 standards. *While the intent of a standard requiring paint evaluations for lead content is understood, it seems unlikely to be implemented at all unless it is a part of routine local health or building inspections.*

> I.I.1 - Day care activities and premises do not expose children to situations which may be hazardous due to the particular age or capacity of the child.

This item was one which required considerable interpretation during the questionnaire design period. The specific items which were included in this score were taken from other more specific sections of the 1972 standards relating to the reduction of hazards. Included were:

1. Premises are free of hazards, e.g., splintered, sharp, or protruding corners or edges; loose or broken parts; etc.
2. Outdoor play areas are fenced.
3. Facility is such that caretaker is within seeing or hearing distance of each child less than 6 years old at all times.
4. Paint has been evaluated for lead content.
5. Toys and equipment are appropriate to the developmental age of the children.

The questions on fenced play areas and paint evaluation weighted the results of this item. *This provides an example of a standard which will require the development of specific observable indices; otherwise, it probably will be overlooked or not enforced uniformly.*

> I.K.1 Daily attendance records are kept, and all absences are discussed with parents.

Of the family day care providers, 20% do not keep attendance records, despite the requirement of daily attendance records in Washington, Idaho, and Alaska's

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current state licensing standards. The 65.5% of the providers reimbursed directly by the states must submit attendance sheets for the federally supported children. The 1968 federal standards did not include this requirement. As might be expected, 97.3% of the centers keep attendance records, although 13 center directors say that they usually do not discuss absences with parents until after three or more days.

Record keeping is not something which many family day care mothers feel is particularly important. A majority of providers know the one or two parents whose children they care for, and they do not feel the need for the more formal written information which is useful to center staff. When record keeping relates to earnings, of course, it has more meaning. *Since record keeping will be a requirement, family and group day care providers should be given a supply of weekly attendance sheets on which they can record attendance for both federally funded and private pay children, with an extra copy available for their own records.*

I.K.2 - Each operator <u>is aware of</u> parents' wishes concerning:

a. Persons with whom the child may leave the facility during or at the end of the day care period.
b. What activities the child may undertake without direct supervision of the care-giver.
c. What method a school-age child will use to request any out-of-facility activities or last-minute changes in planned activities.

The large number of centers and homes recorded as not in compliance with these criteria may not be a true reflection of the actual situation. In order to determine the <u>maximum</u> number of centers and homes whose operators may <u>not be</u> aware of parents' wishes about the circumstances in which children can leave the center, operators were asked whether they had <u>written</u> records of persons with whom the children could leave. *All of the centers had a record of the parents who were responsible for the children, but slightly less than half had no records of other persons who had permission*

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to take the children from the center. Since few of the centers had school-age children enrolled, the question on the "method of requesting out-of-facility activities" wasn't very meaningful to directors. In most instances where school-age children came to a center, the director would know if scouts or a school sports activity was to keep a child out for an afternoon a week or would receive notes from parents in other circumstances.

Since most of the activities in the day care centers are supervised rather closely by staff, the question of what activities children could undertake without supervision was not a meaningful one to directors. When asked, many directors mentioned a "free time" or free play period during which the children can play with whatever toys they choose under more relaxed supervision.

Family day care providers all knew the parents of the children they cared for, and most knew them quite well. Only about 14% of the providers did not have written records of the parent's name, while another 27% had no records of persons other than parents who could take the children from the home. However, most providers had been told by the parent if the other parent (in a divorce situation, for instance) was not permitted to pick up the child.

Again, each family day care provider had an understanding with the parent about the circumstances under which school-age children could leave the house, and about what type of supervision would be provided while the children were in care. Generally, family day care providers were very conscientious about the children and fully aware of their responsibilities of accounting for, and supervision of, the children.

3.1.1 Summary--Ensuring the Physical Safety of Children.

Of the 19 specific criteria related to ensuring children's physical safety, there were six which more than 20% of the homes or centers in the Region did not meet. The six areas which will require most attention, regionally, relate to the following:*

-- The availability of fire extinguishers and emergency lighting.

-- The availability of fenced or otherwise safe outdoor play areas.

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*Refer to state profiles at the end of this chapter for a summary of high non-compliance items for each state.

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-- Assessment of lead content in child care facility paint.

-- Assuring the absence of hazards to small children.

-- Maintaining daily attendance records and discussing absences with parents.

-- Assuring that caregivers have knowledge of persons other than parents with whom the child may leave the facility.

The states in Region X rank as follows in terms of overall compliance with the proposed physical safety standards. (State listed first has the smallest proportion of centers or homes out of compliance on all criteria related to physical safety, etc.)

Centers	Family Day Care Homes
Washington	Washington
Alaska	Oregon
Oregon	Idaho
Idaho	Alaska

The 1972 FDCR criteria related to physical safety had a higher percentage of providers in compliance than did any of the other major subdivisions under which the criteria have been grouped (e.g., ensuring the continuing development of children.) It is this area, also, which is covered most thoroughly by state and local codes in all four states.

3.2 ENSURING THE CONTINUING DEVELOPMENT OF CHILDREN AND CONTINUITY WITH HOME

Defining and ensuring "quality child care" without setting prescriptive program standards remains a problem in the proposed 1972 standards. The main requirement pertaining to the programmatic aspects of child care settings reads as follows:

> EACH CHILD MUST BE PROVIDED WITH EXPERIENCE, ACTIVITIES, EQUIPMENT, GUIDANCE, AND SUPPORT THAT:
>
> --CONTRIBUTE TO PHYSICAL & EMOTIONAL DEVELOPMENT AND HEALTH

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--DEVELOPMENTAL ABILITIES IN SUCH AREAS AS LANGUAGE, NUMBERS, SPATIAL RELATIONS, ABSTRACTION, AND MEMORY

--FOSTER INDIVIDUAL AND GROUP INTERACTION WHICH CONTRIBUTES TO GENERAL SOCIAL COMPETENCE

The specific criteria which must be met to demonstrate compliance with this requirement are prefaced by the following:

> "It is impractical in these Requirements to specify the full range of activities and experiences that are desirable for children in day care. The criteria listed below as minimum standards are intended to outline the means whereby day care operators may provide the type of activities and environment which enhance a child's physical and intellectual growth, his sense of self-worth, and respect for the worth of others, his awareness and enjoyment of the world around him, and his knowledge of sound health and safety practices.

The primary mechanism by which the authors of the 1972 FDCR attempt to make this requirement uniformly measurable, is to require a "written plan or schedule of daily activities for each child or group of children with similar developmental needs. The plans must provide:

(a) Guidance and opportunities for physical activities and other activities that promote coordination and perception.

(b) For the use of a variety of games, toys, books, crafts, and other activities and materials to enhance the child's intellectual and social development and broaden his life experiences.

(c) Opportunities for individual self-expression, conversation, art, dramatic play, etc.

(d) Opportunities for children to work on their own at activities that enhance their independence and self-reliance.

(e) Opportunities for children to engage in group activities that enhance their

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TABLE 3.3

DAY CARE CENTERS COMPLIANCE TABLE:

ENSURING CONTINUING DEVELOPMENT OF CHILDREN AND CONTINUITY WITH HOME

1972 FDCR Item	Percent of Centers Not In Compliance				
	Wash. (n=24)	Oregon (n=16)	Idaho (n=15)	Alaska (n=17)	Region (n=72)
I.C.1 Children are not kept in day care longer than is necessary--a child does not remain in care more than time parent is at and traveling to and from work, except in emergencies.	0	0	13% Sp	0	3%
I.D.1 There is a written plan or schedule of daily activities for each child or group of children with similar developmental needs.	21%	25%	47%	65%	38%
I.D.2 There is evidence of capability to carry out daily plan, including availability of materials & equipment suitable to developmental stage of child.	25% Sp	38% S	53% S	65% S	43%
I.D.3 Watching TV does not constitute a significant portion of daily schedule. TV programs viewed must be appropriate to children's ages.	0	0	0	0	0%
I.D.4 Infants & toddlers allowed (under supervision) to move about freely & to explore surroundings for substantial periods of each day.*	66%	0	0 S	0	29%
I.D.5 There is access to safe outdoor play areas.	4%	25%	33%	29%	21%
I.E.1 At time of enrollment & after as needed, operator discusses with each parent, the child's habits, activities, & schedules at home or in school and parent's concerns about his further development.	58%	69%	73%	77%	68%

*Based on responses from seven center directors where facilities provide infant & toddler care.

TABLE 3.3

DAY CARE CENTERS COMPLIANCE TABLE:

ENSURING CONTINUING DEVELOPMENT OF CHILDREN AND CONTINUITY WITH HOME, Cont.

1972 FDCR Item	Percent of Centers Not In Compliance				
	Wash. (n=24)	Oregon (n=16)	Idaho (n=15)	Alaska (n=17)	Region (n=72)
I.E.2 Parents encouraged to visit facility to observe and participate in care of their children. Operator is responsible for contacting parents to exchange information concerning the child.	68 17%	68 19%	68 20%	68 24%	19%
I.E.3 Caregivers' concerns about health, development or behavior communicated to parent promptly and directly.	68 8% Sp	68 0 Sp	68 0	68 0	3%
I.E.4 Each child's cultural & ethnic background & primary language respected by caregivers. Whenever possible, caregivers are able to speak & understand the primary language of each child.	38%	25%	73%	59%	44%
I.E.5 School is notified of day care placement of school age child. Communication between school and caregivers takes place in emergencies & other instances when child's total development can be enhanced.	25%	56%	53%	53%	44%
I.Q.1 Each day care facility serving 15 or more children has a policy advisory council, at least 50% of which must be parents of the children served.	68p 68%	68p 67%	68p 85%	68p 57%	69%
I.Q.2 The policy advisory council shall approve project grant applications for Federal operating funds before submission.	68 22%	68 0	68 0	68 20%	14%

TABLE 3.4

FAMILY DAY CARE HOMES COMPLIANCE TABLE:

ENSURING CONTINUING DEVELOPMENT OF CHILDREN AND CONTINUITY WITH HOME

1972 FDCR Item	Percent of Homes Not In Compliance				
	Wash. (n=129)	Oregon (n=96)	Idaho (n=28)	Alaska (n=23)	Region (n=276)
I.C.1 Children are not kept in day care longer than is necessary--a child does not remain in care more than time parent is at and traveling to and from work, except in emergencies.	19%	31%	36%	48%	28%
I.D.1 There is a written plan or schedule of daily activities for each child or group of children with similar developmental needs.	92%	97%	96%	96%	94%
I.D.2 There is evidence of capability to carry out daily plan, including availability of materials & equipment suitable to developmental stage of child.	68 71% S	68 59%	68 96% S	68 91% S	71%
I.D.3 Watching TV does not constitute a significant portion of daily schedule. TV programs viewed must be appropriate to children's ages.	4%	6%	4%	4%	5%
I.D.4 Infants & toddlers allowed (under supervision) to move about freely & to explore surroundings for substantial periods of each day.	0	0	0	0	0%
I.D.5 There is access to safe outdoor play areas.	22% S	42%	36% S	52% S	33%
I.E.1 At time of enrollment & after as needed, operator discusses with each parent, the child's habits, activities, & schedules at home or in school and parent's concerns about his further development	26%	20%	0	26%	21%

TABLE 3.4

FAMILY DAY CARE HOMES COMPLIANCE TABLE:

ENSURING CONTINUING DEVELOPMENT OF CHILDREN AND CONTINUITY WITH HOME, Cont.

1972 FDCR Item	Percent of Homes Not In Compliance				
	Wash. (n=129)	Oregon (n=96)	Idaho (n=28)	Alaska (n=23)	Region (n=276)
I.E.2 Parents encouraged to visit facility to observe & participate in care of their children. Operator is responsible for contacting parents to exchange information concerning the child.	68 33%	68 16%	68 29%	68 32%	26%
I.E.3 Caregivers' concerns about health, development, or behavior communicated to parent promptly and directly.	68 6% S	68 2%	68 11%	68 4%	5%
I.E.4 Each child's cultural & ethnic background & primary language respected by caregivers. Whenever possible, caregivers are able to speak & understand the primary language of each child.	76%	75%	50%	77%	73%
I.E.5 School is notified of day care placement of school age child. Communication between school and caregivers takes place in emergencies & other instances when child's total development can be enhanced.	44%	59%	71%	39%	52%

understanding of themselves in relation to others.

(f) Opportunities for school age children to practice or extend the skills and knowledge they are acquiring in school."

Since neither the states nor the 1968 FDCR require a written schedule, the high percentage of centers and homes without written activity plans is not unexpected: 37.5% of all centers and 94.1% of all family day care homes do not prepare a written schedule of their days' activities.

The strategy of requiring caregivers to prepare a written plan of daily activities has logical appeal, since it assumes that the caregiver must sit down and think out which activities would provide children with the needed developmental experiences. However, *the usefulness of the requirement of a written plan in monitoring the quality of care should be weighed against its potential impact on day care providers.*

In the family day care setting, only 5.9% of all providers currently have a written activities plan of some sort. In the absence of such written plans, these providers were asked what they normally do with the children they care for. The following were the results:

TABLE 3.5
FAMILY DAY CARE PROVIDERS' TYPICAL ACTIVITIES WITH THE CHILDREN IN THEIR CARE

Activity	Percent of Providers Circling Each Item (n=276)
Watch TV	90.6%
Take walks with children	78.0%
Read to or with children	91.3%
Outdoor play	91.7%
Quiet games	90.3%
Talk to children a lot	95.0%
Eat with the children	83.8%
Let the children help fix food, set the table, clean up	63.8%
Encourage potty training	83.3%
Play records, sing	12.3%
Other things	63.3%

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As is evident from Table 3.5, which confirms field observations, most family day care mothers normally provide a wide range of developmentally appropriate activities for children, although the providers may not consciously recognize this.

The number of FDC providers who mentioned TV watching drew our attention. Although watching TV was mentioned by a larger percentage of family day care providers (90.6%) than center operators (46.5%) only 4.7% of the children in family day care are allowed to watch TV for as much as three hours per day. In addition, *of those providers permitting children to watch TV, the overwhelming majority restricted their viewing to age-appropriate programs, many of which were educational.* The following were responses to the open ended question, "What are some of the programs that the children watch?"

TABLE 3.6
TV PROGRAMS VIEWED BY CHILDREN IN CARE IN FAMILY DAY CARE HOMES

Program	Percent of Homes which View Regularly (n=243)
Sesame Street	72.8%
Electric Company	15.2%
Other special children's educational programs	61.3%
Situation comedies	22.2%
Quiz shows	2.5%
Cartoons	44.0%
Movies	.8%
Westerns	2.0%
Other miscellaneous programs	31.6%

Some providers said that they limited TV watching to programs on educational TV stations only. Many family day care providers care for children in the late afternoon and evening hours, after the children have spent a day in activities with their own parents.

Evidence from in-depth studies of the family day care home setting confirms this study's finding that family day care providers generally provide a warm, safe, atmosphere and a variety of activities which are appropriate to a child's developmental abilities.*

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*In general, family day care providers spend a lot of time talking with the children in their care. This

00043

Given this current profile of day care home activities, what would be served by the requirement that these providers prepare a written activity plan? First, from the point of view of the children in care: *In the family day care home setting, the requirement of a written schedule seems to work against the major strength which this setting offers children--the opportunity for individual attention and flexibility so seldom afforded in an institutional setting.* The pattern of activity in a family day care home is usually determined by the children's own interests in addition to the activity schedule of the day care mother, who may take the children with her on an errand, take a walk, or decide to spend an afternoon in the park. Opportunities for children to rest at any hour their bodies may require it are much more common in the family day care home setting. In most ways, the home setting provides a more natural flow of activity than larger, often more highly structured centers.

(Cont. from previous page.)

same thing was found to be true by the staff of the Pacific Oaks project.

> "...most FDCM's, in spite of their busyness, were attentive to children's needs and took the time to converse with them. The frequency of verbal interaction tended to relate to size of group, ages of children, and the generative qualities of the caregiver...Most mothers, regardless of background or ethnicity, were verbally articulate in explaining causal relationships to the children...The opportunities for dialog--meaningful give and take between adult and children--tend to accrue more frequently in FDC than in centers." (Sale, Op. Cit., pp. 53, 54.)

In the same project, Sale comments on the importance of skills learned in this "real world" setting which center care may never provide.

> "Because the family day care mother frequently must attend to a number of activities simultaneously--as often happens in the real world--the children are encouraged to respond to a variety of stimuli and assimilate a number of experiences at one time. We observed that children in FDC homes tend to be more able to achieve dual focus, the ability to attend to several tasks simultaneously--a valuable skill in a complex society." (Sale, Op. Cit., p. 53)

00041

From the provider's point of view, the requirement of a written plan would mean more to do in an already busy 10 to 13-hour day. Further, since she alone provides the care, the plan would not really be used or seen by anyone other than herself. Many family day care providers have not had formal child development training and may not have experience in the formality of putting together a balanced, developmentally appropriate plan. Their plans would probably approximate what they do now, and thus serve no real function.

From a monitoring standpoint, the availability of a written plan really is indicative of nothing more than the fact that someone wrote a plan. There is no proof that it is being followed. Even if it were, we could not be sure of the impact of the activities on the children.

If the objective of this criterion is to assure that children are given opportunities for a variety of growth activities, *perhaps a more effective way to do this is to be sure that family day care providers are familiar with some of the basic facts about child development and activities related to developing children's capabilities. Maybe the responsibility for assuring this should be the state's, not the provider's.* The federal requirement might be that each state develop a more careful applicant screening process and a system for providing all family day care mothers who wish to care for federally supported children with some information in child development and developmental activities (e.g., through films; cassettes made available at public libraries or mailed to the provider's home; certificates of completion related to a graduated reimbursement scale for those who complete the tape series; periodic newsletters specifically for this group of providers).

Although more than 60% of the day care centers do have written plans, many of these are general schedules showing the hours each day the children are engaged in "free play," "outdoor activities," etc. The specific activities undertaken each day during those periods are only occasionally explicit on the daily or weekly schedule.

In general, the plans reflected attention to the developmental needs of the various groups in care (with the exception of attention to needs of school-age children). However, they did not provide any idea of the program's philosophy or orientation. In addition to center activities, an important aspect of the impact of care on a child is the context in which care is

00045

provided. For example, some of the 72 centers visited designed and carried out their programs in line with specific child development theories or philosophies. In these instances, program orientation and staff approach reflected the assumptions underlying the theories. Among the approaches which centers in the sample used were:

TABLE 3.7
CHILD DEVELOPMENT APPROACHES
USED BY CENTERS SAMPLED

Approach	Frequency of Responses (n=35)
Behavior modification	4
Montessori	8
Margaret Lowe	1
Individualized program approach	4
Christian Bible teaching	2
Special Migrant curriculum	3
Other locally developed curriculum	6

Other centers' activities were not designed in line with any particular philosophy, and the activities and atmosphere reflected the different approaches of the individual staff members who worked with children. In addition, *if, as recent studies have indicated, staff ratios, factors of staff selection and training and working conditions are critical to program quality, the way that any scheduled activities actually are carried out, the amount and quality of interaction between caregivers and children and the impact of the written program on the children remains essentially unknown.*

In a day care setting, particularly in large centers, a written activities plan serves an internal function for staff, but nowhere has the existence of a written plan been linked to developmental program quality.*

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*This problem of assessing the quality or impact of center activities on children's growth is handled in several different ways by centers, themselves: (Cont.)

00046

As with family day care providers, perhaps requirements should focus more on the existence of in-service staff training and staff development opportunities in centers than on the existence of written plans. This focus, although potentially more expensive to correct when out of compliance, at least may work toward upgrading care.

I.D.2 - There is evidence of capability to carry out the daily plan including the availability of materials and equipment suitable to the developmental stage of the child.

For this item, many centers (43%) and homes (71%) are out of compliance. Because of the generality of this criterion, it required the pre-field development of somewhat arbitrary indices.* This item reflects the

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(Cont. from previous page.)

TABLE 3.8
CENTER DIRECTORS' METHODS OF ASSESSING DEVELOPMENTAL IMPACT OF THEIR PROGRAMS

	Percent of Directors Mentioning Each Method (n=72)
Personal observation/ judgment/experience	66.2%
Written report/evaluation	52.1%
Tests on developmental skills	15.5%
Feedback from parents/ school	12.7%
Ongoing staff conferences	15.5%
Parent conferences	12.7%

As might be expected, those programs using the more formal written report/evaluation and testing techniques were predominantly public programs, such as Head Start affiliates.

*Some of the problems may be best expressed by these questions: What type and how much material and equipment should constitute evidence of capability to carry out the daily plan? Is it really necessary to have gym sets, bicycles, blocks, and tinker toys; or can swinging gates, (Cont.)

00047

difficulty in setting meaningful standards in areas that should remain quite flexible.

The list on Table 3.9 shows the following areas were judged weak in family day care homes (20% or more homes judged "inadequate"):

1. Availability of things for messing (24.1%) (water, tub, toys, sandbox).

2. Equipment for large muscle development (20.4%) (jungle gyms, tricycles, scooters).

3. Fun/appeal/actors (20.9%) (i.e., exhibits, posters, pictures, bright colors, pets, plants).

4. Materials that reflect racial and cultural differences among children (34.2%).

5. Places to display things (23.4%).

In day care centers, only one area exceeded the 20% mark. There was a lack of materials that reflect racial and cultural differences among children (22.4%).

I.D.5 - There is access to safe outdoor play areas.

For this item, a more stringent requirement was used: all outdoor areas must be fenced. The resulting percentage of both homes and centers "out of compliance" may be higher than when a monitoring worker evaluates the item. This item is covered on page 3-8 in this chapter.

(Cont. from previous page).

pots and pans, spools, cardboard boxes, etc., suffice? Aren't cardboard boxes used by toddlers to crawl into as developmentally appropriate as a tea-party set for older pre-schoolers?

00048

TABLE 3.9
ADEQUACY OF EQUIPMENT AND SUPPLIES
IN CENTERS AND FAMILY DAY CARE HOMES

Features	Percent Judged "Inadequate" for the Number and Ages of Children in Care	
	Family Day Care Homes (n=276)	Centers (n=72)
Unobstructed play area	7.0%	5.7%
Outdoor space	5.5%	7.3%
Activity area	5.5%	5.7%
Equipment & toys:		
a. language (books, word games, etc.)	14.2%	4.2%
b. music (rhythm instruments, records, phonograph, piano)	16.1%	4.2%
c. art (paints, easels, clay, crayons, etc.)	13.6%	5.6%
d. messing (water tub, toys, sand box)	24.1%	8.5%
e. make-believe (toy trucks, dolls, hats, doll house)	4.4%	1.4%
f. concepts (stacking, sorting, puzzles)	16.8%	2.8%
g. small muscle & coordination (blocks, beads)	15.3%	4.2%
h. large muscle (jungle gyms, tricycles, scooters, etc.)	20.4%	12.9%
Fun/appeal/actors (i.e., exhibits, posters, pictures, bright colors, pets, plants, etc.)	20.9%	5.6%
Age appropriateness	6.7%	1.4%
Cultural appropriateness (i.e., materials reflect cultural differences of children--books, pictures, dolls indicating racial/language differences)	34.2%	22.4%
Quantity (enough materials for number of children in care)	7.8%	7.0%
Size of tables & chairs	17.6%	0.0%
Accessibility of things, (e.g., height):		
a. things to use/look at	8.4%	4.1%
b. ways to control the environment (doorknobs)	8.1%	5.6%
Places to put/keep things	11.0%	1.4%
Places to display things	23.4%	8.2%
Places to rest (not nap)	3.7%	12.3%
Places for small groups	2.6%	4.1%
Places for large groups	18.8%	6.6%
Places to do your own thing	11.0%	8.2%
Places for different activities (e.g., music, art, science, housekeeping)	20.4%	8.3%
Places to stand/sit/sprawl	6.6%	4.1%

00049

I.E.1 - At the time of enrollment and thereafter as the need arises, the operator or other appropriate agent of the operator discusses with each parent, the child's habits, activities, and schedules while at home or in school and his parents' special concerns about his past and future behavior and development. His schedule and activities in day care are designed, to the extent possible, to complement and supplement his experiences at home and in school.

Day care center operators were asked whether all parents were interviewed before a child is enrolled, and what topics were discussed in these interviews. Items included:

--Rules & regulations
--Center programs, goals & objectives
--Supervision of children
--Child activities, habits, & schedule
--Child behavioral or learning problems
--Correctional and/or future developmental plans for child
--Expectations of parent involvement in program
--Expectations of parents for their child while in the program

Of the center directors, 90% responded that they do interview parents before they accept children into the program; 78% discuss parental concern about a child's past behavior and development; and 56% discuss the child's future development. Almost all directors said they find out about a child's activities, habits, and schedule, but about 25% of them do not discuss parental expectations of the center program.

Ninety-four percent of the family day care providers interview parents before enrolling a child. Over 90% of these providers discuss:

--Parent expectations of caregiver and their expectations of parents
--Child's eating habits and schedule
--Child's health, allergies
--Discipline

Since day care providers plan activities which are appropriate to the developmental level of the children in care and provide a range of activities for children,

00050

the programs generally compliment a child's home experiences. However, for lack of indices that are easily observable, it is difficult to judge for each child whether programs supplement his other experiences. In the context of family day care, it is likely that the setting (with other adults coming and going, and with an informal schedule geared to the individual children in care) does provide a continuity with home that is difficult to achieve in a center.

In the instances where school-age children are in care, family day care mothers were particularly sensitive to their needs for an adult to be home after school, the need for a quiet place for children to do their homework, and often mentioned that they helped children with homework. In many instances, family day care mothers said they go to school instead of the parent when there is a special problem which the teacher may need to discuss concerning a child. Many said they regularly walk to school with kindergarten children and meet them after school.

Although there were many fewer school-age children in centers, we did not find this same "parenting" role which linked the child's home and school experiences. In most instances, the school-age children were "extras" for a couple of hours at the end of the day and rarely had a room of their own or any special activities.

> I.E.2 - Parents are encouraged to visit the facility, observe, and participate in the care of their children. The operator is responsible for contacting parents to exchange information concerning the child.

Of the family day care respondents, 26% said they did not encourage parents to visit, observe, or participate in the care of the child. Reasons for this included the feeling that working parents already have too much to do and that children adjust to care better when their parents do not stay with them. However, 72% of the family day care providers spend from 10 to 30 minutes with parents each day, thus, providing the parents with an opportunity to learn about the setting and its activities.

00051

I.E.4 - The child's cultural and ethnic background and primary language or dialect is respected by caregivers. Whenever possible, caregivers are able to speak and understand the primary language of each child.

The responses to this item were probably misrepresentative due to the fact that the majority of family day care homes do not have a mix of racial or linguistic backgrounds, and the question was not meaningful to caregivers.

Eleven family day care homes out of the 276 total had bilingual children, these being Spanish-speaking. Eight of these had one bilingual child only. Over 16% of the family day care providers said they would refuse to accept a child for care who could not speak the same language as the provider because of the obvious problems in communication.

Six percent of the center operators said they would not accept children who spoke a language other than English. *If such informal screening on the basis of language is common, it potentially limits the range of day care options open to foreign language speaking children.*

Fifty day care centers out of 72 have children from varied racial and ethnic backgrounds, while 15 centers claim to have bilingual children. Only nine centers said they had bilingual staff, and 61 centers had a staff with varied racial or ethnic backgrounds.

In terms of equipment and materials, both centers and family day care homes had insufficient materials available which reflect racial, cultural, and linguistic differences*

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*This was to be expected, in part, since many settings don't have these differences.

00032

I.E.5 - The school is notified of the day care placement of a school age child. Communication between school and caregivers takes place in emergencies and in other instances in which the child's total development can be enhanced by such communication.

About 50% of the day care centers having one or more school-age children do not notify the schools of the child's enrollment, nor do they have any communication with school personnel. About 40% of the family day care mothers said they had not contacted nor been contacted by the schools. However, family day care mothers tend to be more involved with the school-related aspects of children's lives by helping them with studies, walking young children to and from school, etc. The majority of school contacts which these providers have had are calls from the school when the child became ill at school.

With regard to this standard, it seems inappropriate to require the day care operator to notify the school of a day care placement. The responsibility should certainly rest with parents to inform the school of persons to call in case of emergencies. If there is a learning problem, it is also the parent's responsibility to talk with the school and to convey this to the caregiver. This standard is not likely to be very meaningful, and appears to misplace the responsibility for school-parent communications.

I.Q.1 - Each day care facility serving 15 or more children has a policy advisory council. At least 50 percent of the members of each policy advisory council must be parents of the children served.

The major change in this requirement from the 1968 FDCR is that the new standards require centers with 15 or more children to form a policy council with parent representation. The 1968 standards required this only for centers which enrolled 40 or more children. All but five (6.9%) of the 72 centers sampled would fall under the 1972 requirement, while more than 40% of those sampled are exempt from the provisions of the

00052

1968 requirement. *None of the states has a standard which requires a policy advisory body involving parents.* Not surprisingly, almost 69% of the day care centers sampled were out of compliance with the proposed standard.

Of the 35 centers (49%) which had policy advisory boards involving parents, only 21 of the boards were made up of 50% of more parents.

This requirement would affect many centers, primarily private-profit centers which receive the smallest amount of federal money. *Over 40% of the profit centers have more than 15 but fewer than 40 children and would have to create this parent policy advisory body.* Sixty percent of these centers have fewer than one-fifth of the children they serve supported by federal funds, and all are ineligible for other federal grants or reimbursements by virtue of their corporate status. *It is possible that if this requirement is too demanding for small, private-profit providers, they will simply refuse to accept federally supported children and, thereby, reduce the child care options for these children.*

3.2.1 Summary--Ensuring the Continuing Development of Children and Continuity with Home.

Of the 13 specific criteria related to providing developmentally appropriate activities for children in care and continuity with their home life, there were eight standards which more than 20% of the homes or centers in the Region did not meet. These eight areas relate to the following:

-- The existence of written caregiver plans which outline appropriate activities for children in care of various ages.

-- The availability of materials and equipment suitable for children in care.

-- Access to safe outdoor play areas.

-- Assuring caregiver knowledge of each child's special needs.

-- Assuring ongoing parent involvement with the day care center.

-- Assuring respect for all children's cultural and ethnic background and language.

-- Assuring communication between caregivers and the schools when school-age children are in care.

00051

-- Assuring the existence of a policy advisory council with at least 50% parent membership in facilities serving 15 or more children.

These criteria will require attention across the Region. At present, only two of the eight requirements are addressed by any of the four states' standards. Thus, it is not unexpected that all states have high non-compliance scores in at least six of the eight areas. Only three of the eight standards were included, in somewhat different form, in the 1968 FDCR.*

The states in Region X rank as follows in terms of overall compliance with the proposed standards relating to developmental activities and continuity with home. (State listed first has the smallest proportion of centers or homes out of compliance on all criteria related to this area, etc.)

Centers	Family Day Care Homes
Oregon	Washington
Washington	Oregon
Alaska	Idaho
Idaho	Alaska

*Refer to state profiles at the end of this chapter for a summary of high non-compliance items for each state.

00035

TABLE 3.11

DAY CARE CENTERS COMPLIANCE TABLE:

ENSURING ADEQUATE NUTRITION AND CHILD HEALTH

1972 FDCR Item	Percent of Centers Not In Compliance				
	Wash. (n=24)	Oregon (n=16)	Idaho (n=15)	Alaska (n=17)	Region (n=72)
I.F.1 Each facility includes a designated place where a child can sit quietly or lie down to rest.	68 9% S	68 13% S	68 7% S	68 0 S	7%
I.F.2 When children under 6 are given care for periods longer than 4 hours, there is a time & place for each child to sleep or rest.	0 Sp	0	0 S	0 S	0%
I.F.3 Infants are provided a crib or other safe and suitable place. Not left in crib without adult contact for long periods.	68 13% Sp	68 0 S	68 7% S	68 29% Sp	13%
I.F.4 The length of time a child is allowed or encouraged to rest is determined by his own needs, considering his activity schedule.	0	0	0	0	0%
I.F.5 When children are given care during evening or night, suitable bedding and facilities for bathing are provided.	0	0	0	0	0%
I.G.1 If possible, information provided by parents as to child's eating habits, food preference, or special needs should be considered.	25%	13%	0	12%	15%
I.G.2 At least 1 nutritious meal offered if child in care 5 hours, 2 meals if 9 hours. Snack between lunch & breakfast, & lunch & dinner.	25% Sp	6% Sp	33% Sp	17% Sp	21%

3.3 ENSURING ADEQUATE NUTRITION AND CHILD HEALTH

The first requirement that appears on the chart, showing more than 20% out of compliance, is I.G.2.

> I.G.2 - At least one nutritious meal is offered to each child in care for five hours or more and two nutritious meals to each child in care nine hours or more. A wholesome snack is offered between breakfast and lunch and between lunch and dinner. If a child is in the facility when a meal or snack is served, the child is offered the meal, irrespective of how long he is in the facility for day care.

To measure compliance with this requirement, both centers and family day care homes were asked what meals and snacks are served and if all children are offered food when it is served.

The results of these questions are displayed below.

TABLE 3.10
MEALS AND SNACKS SERVED IN
TWO DAY CARE SETTINGS

Meal/Snack	Percent of Providers which Serve this Meal/Snack	
	Family Day Care Homes (n=276)	Centers (n=72)
Breakfast	58.6%	40.3%
Morning snack	73.2%	87.7%
Lunch	95.7%	97.3%
Afternoon snack	94.6%	98.7%
Dinner	34.2%	8.5%
Evening snack	19.3%	2.9%
All children are offered food	99.0%	94.6%

For purposes of compliance, it was assumed that an average center, open 11 or 12 hours per day, would need to offer at least one meal and two snacks on a regular basis. This was chosen because only 2.8% of the centers cared for any one child as long as 10 hours or more per

00057

TABLE 3.11

DAY CARE CENTERS COMPLIANCE TABLE:

ENSURING ADEQUATE NUTRITION AND CHILD HEALTH , Cont.

1972 FDCR Item	Percent of Centers Not In Compliance				
	Wash. (n=24)	Oregon (n=16)	Idaho (n=15)	Alaska (n=17)	Region (n=72)
I.G.3 Food is not used as a punishment or reward. Children are encouraged but not forced to eat.	25%	6% S	7%	24%	16%
I.G.4 Infants are fed or supervised individually & their diet is appropriate to their special developmental needs.	25% S	13% S	0 S	12%	15%
I.H.1 Food and beverages are obtained from sources complying with local, state & federal codes.	25% S	13%	33%	12%	21%
I.H.2 Food & beverages stored contamination free. Containers clearly labeled. Refrigeration provided where needed.	68 0 S	68 6% S	68 0 S	68 17% S	6%
I.H.3 Clean-up & dishwashing practices assure that cooking, serving & eating utensils are clean & sanitary.	8% S	6% S	13% S	24% S	13%
I.H.4 Drinking water is available & provided from sanitary utensils.	4% S	0 S	0 Sp	12% Sp	4%
I.H.5 Bottle fed infants: formula preparation meets local health codes or commercially prepared formula is used.	0	0	0	0	0%

TABLE 3.11

DAY CARE CENTERS COMPLIANCE TABLE:

ENSURING ADEQUATE NUTRITION AND CHILD HEALTH, Cont.

1972 FDCR Item	Percent of Centers Not In Compliance				
	Wash. (n=24)	Oregon (n=16)	Idaho (n=15)	Alaska (n=17)	Region (n=72)
I.J.1 Written & posted plan for evacuation in case of fire or other disaster; caregivers aware of plan & drills given once a year.	67% Sp	69%	73%	71%	69%
I.J.2 Telephone on premises & immediately accessible. Emergency numbers are conspicuously posted or adjacent to phone.	13%	6% S	27%	6% S	13%
I.J.3 First aid treatment chart conspicuously posted. At least 1 person present understands techniques. In larger facilities 1 caregiver to 30 children knowledgeable.	68p 29% S	68p 13% Sp	68p 87% Sp	68p 65% Sp	46%
I.J.4 Planned souce of emergency medical care--hospital emergency room or other--known to caregivers and acceptable to parents.	68p 0 S	68p 0 S	68p 7% S	68p 6% S	3%
I.J.5 Number of infants & toddlers unable to walk quickly & purposefully is limited to number that could be carried in case of fire.	0	6%	0	0	1%
I.J.7 Every facility includes a place where an ill or injured child can rest or play quietly, apart from other children yet under adult supervision.	68 8% S	68 0 S	68 7% S	68 12% S	7%
I.J.8 No medicines or drugs administered to any child except with written permission of parent. All medicines or drugs clearly labeled and safely stored.	8% Sp	6% Sp	14%	6%	9%

TABLE 3.11

DAY CARE CENTERS COMPLIANCE TABLE:

ENSURING ADEQUATE NUTRITION AND CHILD HEALTH, Cont.

1972 FDCR Item	Percent of Centers Not In Compliance				
	Wash. (n=24)	Oregon (n=16)	Idaho (n=15)	Alaska (n=17)	Region (n=72)
I.Q.1 Administering agency has written evidence, all who come in contact with children free of TB, syphilis & other communicable disease.	68 8% Sp	68 0	68 40%	68 0 S	11%
I.Q.2 Caregivers who have illness that may pose a threat to children should be relieved & adequate substitute arrangements made in advance.	33%	44%	33%	29%	35%

TABLE 3.12

FAMILY DAY CARE HOMES COMPLIANCE TABLE:

ENSURING ADEQUATE NUTRITION AND CHILD HEALTH

1972 FDCR Item	Percent of Homes Not In Compliance				
	Wash. (n=129)	Oregon (n=96)	Idaho (n=28)	Alaska (n=23)	Region (n=276)
I.F.1 Each facility includes a designated place where a child can sit quietly or lie down to rest.	68 3% S	68 2%	68 7% S	68 0 S	3%
I.F.2 When children under 6 are given care for periods longer than 4 hours, there is a time & place for each child to sleep or rest.	0	0	0	0	0
I.F.3 Infants are provided a crib or other safe & suitable place. Not left in crib without adult contact for long periods.	68 2% S	68 9%	68 4% S	68 17% S	6%
I.F.4 The length of time a child is allowed or encouraged to rest is determined by his own needs, considering his activity schedule.	0	0	0	0	0%
I.F.5 When children are given care during evening or night, suitable bedding & facilities for bathing are provided.	3%	4%	0	0	3%
I.G.1 If possible, information provided by parents as to child's eating habits, food preference, or special needs should be considered.	14%	10%	7%	9% S(p)	12%
I.G.2 At least 1 nutritious meal offered if child in care 5 hours, 2 meals if 9 hours. Snack between breakfast & lunch & lunch & dinner.	24% S(p)	30%	50%	22% Sp	29%

TABLE 3.12

FAMILY DAY CARE HOMES COMPLIANCE TABLE:

ENSURING ADEQUATE NUTRITION AND CHILD HEALTH, Cont.

1972 FDCR Item	Percent of Homes Not In Compliance				
	Wash. (n=129)	Oregon (n=96)	Idaho (n=28)	Alaska (n=23)	Region (n=276)
I.G.3 Food is not used as a punishment or reward. Children are encouraged but not forced to eat.	18%	15%	11%	4%	15%
I.G.4 Infants are fed or supervised individually & their diet is appropriate to their special developmental needs.	0	0	0	0	0
I.H.1 Food and beverages are obtained from sources complying with local, state & federal codes.	6%	9%	4%	9%	7%
I.H.2 Food & beverages stored contamination free. Containers clearly labeled. Refrigeration provided where needed.	68 2% S	68 6% S	68 0 S	68 9% S	4%
I.H.3 Clean-up & dishwashing practices assure that cooking, serving, & eating utensils are clean and sanitary.	9%	6%	4%	13%	8%
I.H.4 Drinking water is available & provided from sanitary utensils.	5% S	4%	0 S	13%	5%
I.H.5 Bottle fed infants: formula preparation meets local health codes or commercially prepared formula is used.	0	0	0	0	0%

TABLE 3.12

FAMILY DAY CARE HOMES COMPLIANCE TABLE:

ENSURING ADEQUATE NUTRITION AND CHILD HEALTH, Cont.

1972 FDCR Item	Percent of Homes Not In Compliance				
	Wash. (n=129)	Oregon (n=96)	Idaho (n=28)	Alaska (n=23)	Region (n=276)
I.J.1 Written & posted plan for evacuation in case of fire or other disaster; caregivers aware of plan & drills given once a year.	90%	70%	93%	87%	83%
I.J.2 Telephone on premises & immediately accessible. Emergency numbers are conspicuously posted or adjacent to phone.	26%	33%	21%	13%	27%
I.J.3 First aid treatment chart conspicuously posted. At least 1 person present understands techniques. In larger facilities 1 caregiver to 30 children knowledgeable.	68p 80% Sp	68p 74%	68p 96% Sp	68p 91% Sp	80%
I.J.4 Planned source of emergency medical care--hospital emergency room or other--known to caregivers and acceptable to parents.	68p 43% S	68p 27%	68p 82% S	68p 87%	45%
I.J.5 Number of infants and toddlers unable to walk quickly & purposefully is limited to number that could be carried in case of fire.	3% S	5%	4% S	4%	4%
I.J.6 In family day care home, 2nd adult is readily available to be summoned to assist in any emergency.	68 17%	68 24%	68 25% S	68 22% S	21%
I.J.7 Every facility includes a place where an ill or injured child can rest or play quietly, apart from other children yet under adult supervision.	68 8% S	68 6%	68 22% S	68 26% S	10%

TABLE 3.12

FAMILY DAY CARE HOMES COMPLIANCE TABLE:

ENSURING ADEQUATE NUTRITION AND CHILD HEALTH, Cont.

1972 FDCR Item	Percent of Homes Not In Compliance				
	Wash. (n=129)	Oregon (n=96)	Idaho (n=28)	Alaska (n=23)	Region (n=276)
I.J.8 No medicines or drugs administered to any child except with written permission of parent. All medicines or drugs clearly labeled & safely stored.	25% Sp	12%	17%	23%	19%
I.O.1 Administering agency has written evidence, all who come in contact with children free of TB, syphilis & other communicable disease.	68 12% Sp	68 0	68 79%	68 17% S	15%
I.O.2 Caregivers who have illness that may pose a threat to children should be relieved & adequate substitute arrangements made in advance.	SEE I.J.6				

day. In fact, 60.6% of the centers do not care for any child longer than 8 hours per day. These children are then picked up during the 9th hour. A similar situation exists in family day care homes in which 61.7% have children who are in care for a full day (8 to 10 hours). The remainder of the homes provide half-day, before and after school, or evening care services. Because homes provide care at odd hours, when compared to centers, higher percentages of them serve breakfasts, dinners, and evening snacks.

Morning snacks cause compliance problems in family day care homes apparently because the children arrive at the home at various times in the morning. Many day care mothers do not provide children with a snack, if they arrive mid-morning. The same conditions exist in day care centers in which as many as 30% of the children arrive after 9:00 a.m. To immediately serve these children a snack, most of whom have just finished breakfast, may not be considered necessary.

The afternoon snack is less of a problem because all the children have eaten lunch at the same time and a snack is needed during the five or six hour period before pick-up time.

In discussing the nutrition issue with center directors, it appeared that center location and the income category of the majority of parents using the center (in addition to cost) often determines whether or not breakfast is served. In suburban and some urban residential areas, centers which serve relatively few federally supported children do not perceive a parent need for centers to serve breakfast. In addition, in these areas parent working hours may not begin so early, thus, few of the centers' total child population is there before 9:00 a.m. One private center owner who operates a center in a low to middle income neighborhood said that he was requested by a group of parents to provide breakfast for their children, but parents of other children in the center were not interested. Because of the additional food costs, which the latter parents did not want to absorb, an extra $.25/day fee was charged only to parents whose children ate breakfast at the center. The same owner operates a suburban center, where parents are not interested in breakfast being provided at all.

Although the rationale for providing two meals to children in care 9 hours or more seems reasonable, parent needs for such services should be considered. A normal 9-hour day could run from 8:00 a.m. to 5:00 p.m. It may well be that in parents' normal, scheduled breakfast is served

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before 8:00 and supper is served at 6:00. *The effort required for center directors to offer a second meal may not be justified by the schedules of the parents using the center.*

> I.H.1 - Food and beverages are obtained from sources complying with local, state, and federal codes.

This area was only significantly inadequate for day care centers. To measure the level of compliance, providers were asked the sources they use for obtaining foods. The data indicated that non-compliance was due primarily to the use of donated foods. Some centers have been able to obtain foods from farmers; some centers have their own gardens; and in many church-related centers, the congregation donates food to the center. Somewhat surprising was the donation of foods by parents who have children enrolled in the center. While there is no evidence to indicate that the sources of donated foods were substandard, it is difficult to control quality from these sources.

> I.J.1 - There is a written and posted plan for evacuation of children in case of fire or other disaster; caregivers are aware of the plan and have evacuation drills at least once a year.

Caregiver planning for possible emergency situations at the home or center was found to be weak. Family day care homes and centers were asked if they normally conducted evacuation drills. In addition, the interviewers observed whether the provider had a posted evacuation plan. As can be seen on the compliance chart, no other requirement in this section had less compliance. While 59.7% of all day care centers had conducted an evacuation drill, 62.9% did not have a posted plan. For family day care homes, 82.9% had neither a posted plan, nor had conducted an annual evacuation drill. *Because of the preventive nature of this requirement in assuring child safety, states should closely monitor centers or should consider adding a similar state requirement if 1972 FDCR are not implemented.* (Only Washington has a partial requirement covering this.) In family day care homes having only one provider, there is not a justification for a posted evacuation plan, but annual or

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more frequent evacuation drills would seem appropriate.

> I.J.2 - A telephone is on the premises and immediately accessible. Emergency phone numbers are conspicuously posted on or adjacent to the phone.

Of the family day care homes, 96.7% have telephones. The greatest weakness was the failure to have emergency numbers posted. Again, because of the basic safety nature of the requirement, close monitoring should be conducted.

> I.J.3 - A readily understandable chart describing first aid and emergency medical treatment techniques is conspicuously posted in each facility. At least one caregiver or other person present at each facility understands these techniques and is able to follow instructions for their application...

To measure compliance with this requirement in family day care homes, providers were asked two questions: "Is a first aid chart posted?" and "Have you ever received first aid training?" If the first question was answered "yes," interviewers requested to see the chart.

The results showed that 65.2% of all family day care homes did not possess a first aid chart and 51.5% of the providers have not had first aid training.

In the day care center setting, 53.4% did not have a first aid chart, and 28.6% did not train their staff in first aid procedures. However, 96.4% replied that all of their staff were instructed in medical and evacuation procedures. The net result showed that 45.8% of the centers were out of compliance on at least one of the above items.

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I.J.4 - There is a planned source of emergency medical care-- a hospital, emergency room, clinic, or other constantly staffed facility, physician, or other health professional--known to caregivers and acceptable to parents.

Two questions were used to measure compliance with this requirement. It was found that 39.1% of the family day care providers did not have written permission from the parents to obtain medical treatment for the child in an emergency if parent can't be reached. Also, 23.4% of the providers did not have the name and phone number of each child's regular source of health care. This is an area critical to child safety and should be monitored quite closely by the states if the 1972 FDCR are implemented. *States should be encouraged to include it in their licensing regulations if the 1972 FDCR are not implemented and if they do not include it already.*

I.J.6 - In a family day care home a second adult is readily available to be summoned to assist in any emergency.

Five point nine percent of all family day care operators responded that they did not have a second adult readily available for emergencies. However, since further validation seemed necessary, two additional questions were asked of operators: First, "How are the children supervised if you have to leave the home for an emergency?" While the majority of the providers had specific arrangements if they had to leave for an emergency, some responses indicated lack of planning. For example, 11.8% would need to take all of the children with them, 0.7% had no arrangements, and 1.1% said a parent of the children would be called on to supervise. To the question as to what arrangements the operator had if she were to become ill, 7.0% have a parent come over to care for the children, and 11.8% had no arrangements.

The administering agencies need to work carefully with family day care homes to ensure that adequate planning for emergencies is done.

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I.O.2 - Caregivers who have illness that may pose a threat to children should be relieved of their duties. The operator or administering agency has made adequate arrangements in advance for substitutes.

During the study, it was found that 34.7% of the centers did not have an adequate method of complying with this requirement. Those centers whose method was not considered adequate included 18.1% which had existing staff fill in for those who were sick, 6.9% which had volunteers fill in, and 9.7% which had other loose arrangements (such as the director assuming the ill staff member's duties). The task of maintaining an up-to-date list of on-call substitutes is apparently very time consuming, since many of those interested in substituting are doing so as a stop-gap measure until they find a permanent job. The Seattle Model Cities program is exploring a potentially very helpful plan to work with a local teachers' association which will maintain an up-to-date list of qualified, trained, day care substitutes. Then, any day care facility in the city or vicinity can call a central place when the need for a substitute arises.

Another such local mechanism which would link family day care providers would be an informal neighborhood or "precinct-wide" network of providers. Any provider in that network could call a centrally responsible family day care mother in case of illness to arrange for the temporary placement of her children in other homes. The more formalized version of this is the administratively linked family day care home/center system. *Such local mechanisms which provide assistance to all providers in meeting the state or federal requirements should be encouraged.*

3.3.1 Summary--Ensuring Adequate Nutrition and Child Health

Of the 24 specific criteria related to nutrition and child health, eight were not met by more than 20% of the homes or centers in the Region. These eight areas which were weak Region wide include:

-- Two nutritious meals are served to each child in care nine hours or more.

-- Food is obtained from sources complying with local, state and federal codes.

0069

-- There is a written and posted evacuation plan and evacuation drills are held at least once a year.

-- Emergency phone numbers are conspicuously posted.

-- There is a first aid chart posted and at least one caregiver is familiar with first aid techniques.

-- There is a planned source of emergency care.

-- In a family day care home, a second adult is available to assist in emergencies.

-- Operators have adequate advance arrangemnets for substitutes in case of caregiver illness.

Of these eight high non-compliance areas, only one was fully covered under the 1968 FDCR and another two were partially covered. Three of the eight items are partially covered by one or two of the states' standards. However, in line with the non-compliance trend, the majority of the eight requirements are not currently included in either state or federal standards.*

The states in Region X rank as follows in terms of overall compliance with the proposed standards relating to nutrition and child health. (State listed first has the smallest proportion of centers or homes out of compliance in all criteria related to this area, etc.)

Centers	Family Day Care Homes
Oregon	Oregon
Washington	Washington
Alaska	Alaska
Idaho	Idaho

*Refer to state profiles at the end of this chapter for a summary of high non-compliance items for each state.

3.4 ENSURING STAFF ACCOUNTABILITY, ADEQUACY, AND COMPETENCE

This section relates to those requirements concerned with staff/child ratios, caregiver education and experience requirements, and a variety of requirements relating to admission procedures and record keeping.

A major change in the proposed 1972 FDCR is in the area of staff/child ratios. Probably no other aspect of the 1972 standards has raised greater concern on the part of operators and administering agency personnel. There is confusion over whether the 1972 requirements are more or less stringent than the 1968 standards. Both interpretations are correct depending on which age group is examined. For younger children there are increases in staff requirements, but less staff is required for older children.

> I.L.1 - In a family day care home there is at least one caregiver for each six children. Where two children under three are present, there is at least one caregiver for each five children; and where three children under three are present, there is a caregiver for each four children. Of the children permitted per caregiver, in no case may one caregiver care for more than three children under three or more than two infants. (The children of the family day care mother are included when computing the formula.)

Current family day care home staff/child ratios required by the states of Region X are as follows:

Oregon

One adult/no more than four unrelated children. No more than six including the mother's own children. No home may care for more than two infants under two years of age.

Washington

One adult/no more than 10 children including the mother's own under age 12. If any of the children are under age two, the ratio becomes one adult/six children maximum. Before and after school care for periods of not more

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TABLE 3.13

DAY CARE CENTERS COMPLIANCE TABLE:

ENSURING STAFF ACCOUNTABILITY, ADEQUACY, AND COMPETENCE

1972 FDCR Item	Percent of Centers Not In Compliance				
	Wash. (n=24)	Oregon (n=16)	Idaho (n=15)	Alaska (n=17)	Region (n=72)
I.L.1 Family Day Care Homes staff/child ratios	NA	NA	NA	NA	NA
I.L.2 Regulations concerning number of caregivers on duty at a given time, regardless of number of volunteers.	68 33% Sp	68p 33% Sp	68p 53% Sp	68p 27% Sp	37%
I.M.1 Each caregiver must be 18 years of age and able to read & write.	50% S	38%	27%	53%	43%
I.M.2 Each caregiver must be able to carry out activities described in Section I.D.1, Ensuring the Continuing Development of Children.	SEE I.D.1 (Ensuring Continuing Development of Children and Continuity with Home)				
I.M.3 Each caregiver must be able to provide evidence that he or she meets the health requirements specified in I.O. Free of TB, etc.	8% Sp	0 S	40%	0 S	11%
I.M.4a Each caregiver must be able to work with children without recourse to physical punishment or psychological abuse.	Not scored for compliance; see discussion.				
I.M.4b Caregiver should be able to praise & encourage children and provide them with a variety of learning & social experiences appropriate to the age of the children served.	68 Not scored Sp	68 for compliance; see discussion. Sp	68 Sp	68 S	

TABLE 3.13

DAY CARE CENTERS COMPLIANCE TABLE:

ENSURING STAFF ACCOUNTABILITY, ADEQUACY, AND COMPETENCE, Cont.

1972 FDCR Item	Percent of Centers Not In Compliance				
	Wash. (n=24)	Oregon (n=16)	Idaho (n=15)	Alaska (n=17)	Region (n=72)
I.M.4c Caregiver should be able to communicate with parents and children in their own language whenever possible.	Not scored for compliance; see discussion.				
I.M.4d Caregiver should be able to recognize and act against hazards to physical safety.	68 21% Sp	68 6% Sp	68 53% Sp	68 41%	29%
I.M.4e Caregiver should possess capacity & willingness to increase skills & competence through experience, training, & supervision.	68p 50%	68p 81%	68p 87%	68p 88%	74%
I.M.5a,b,c Educational background of employees in centers.	68p 0 S	68p 0	68p 0	68p 0 Sp	0%
I.N.1a Operator of day care facility must provide a child care program & facility which meets the standards set forth in these requirements.	Total compliance for all items.				
I.N.1b Operator must maintain adequate enrollment, attendance, financial, & related records.	4% Sp	0 Sp	7% Sp	0 Sp	3%
I.N.1c Operator must accept responsibility for screening, scheduling, supervision, & conduct of any staff volunteers or others who provide services in the facility.	13%	0	14%	12%	10%

TABLE 3.13

DAY CARE CENTERS COMPLIANCE TABLE:

ENSURING STAFF ACCOUNTABILITY, ADEQUACY, AND COMPETENCE, Cont.

1972 FDCR Item	Percent of Centers Not In Compliance				
	Wash. (n=24)	Oregon (n=16)	Idaho (n=15)	Alaska (n=17)	Region (n=72)
I.N.1d Operator endeavors to cooperate with administering agency in all reasonable efforts to improve the quality of care and the competence of caregivers.	0	0	0	0	0%
I.N.1e Operator is willing to inform parents & other interested persons about goals, policies, & content of day care program which he or she operates.	68 38%	68 25%	68 67%	68 47%	43%
I.N.1f Operator has achieved the locally applicable legal age of majority.	0 S	0	0	0 S	0%
I.P.1 No discrimination among children or families on basis of race, color, creed, religion, marital status, or age of parents, sex, or national origin.	68 0 S	68 7%	68 0	68 20%	6%
I.P.2 Goals, policies, & activities of program presented & explained to parents at time of enrollment. Parents counseled regarding appropriateness of day care facility for their child.	68 54%	68 69%	68 73%	68 65%	64%
I.P.3 A clearly stated written procedure developed by administering agency by which a parent may take grievances to that agency is presented and explained to each parent.	96%	100%	100%	100%	99%
I.P.4a Operator has on file child's full legal name, birthdate, & current address, and his	68p	68p	68p	68p	

TABLE 3.13

DAY CARE CENTERS COMPLIANCE TABLE:

ENSURING STAFF ACCOUNTABILITY, ADEQUACY, AND COMPETENCE, Cont.

1972 FDCR Item	Percent of Centers Not In Compliance				
	Wash. (n=24)	Oregon (n=16)	Idaho (n=15)	Alaska (n=17)	Region (n=72)
I.P.4b Operator has on file name & addresses of parent (or guardian) and of any other person or agency responsible for care of the child.	68p 0 S	68p 0 S	68p 0 S	68p 0 S	0%
I.P.4c Operator has on file telephone numbers or instructions as to how the person(s) responsible for the child can be reached during the time the child is in day care.	68p 0 S	68p 0 S	68p 0 S	68p 0 S	0%
I.P.4d Operator has on file names & addresses of persons authorized to take the child from the day care facility.	4% S	25% S	40%	24% S	21%
I.P.4e Operator has on file names, addresses, & telephone numbers of persons who can assume responsibility for the child if, in an emergency, the parent(s) cannot be reached.	0	0	13%	6% Sp	4%
I.P.4f Operator has on file statement of any health & other special problems in child or family which might affect his attendance or participation. Name & number of child's regular source of health care.	68p 0 Sp	68p 0 Sp	68p 7% Sp	68p 6% S	3%
I.P.4g Notations of communication with parents about significant health & behavior problems.	25%	31%	47%	24%	31%

TABLE 3.14

FAMILY DAY CARE HOMES COMPLIANCE TABLE:

ENSURING STAFF ACCOUNTABILITY, ADEQUACY, AND COMPETENCE

1972 FDCR Item	Percent of Homes Not In Compliance				
	Wash. (n=129)	Oregon (n=96)	Idaho (n=28)	Alaska (n=23)	Region (n=276)
I.L.1 Staff to child ratios.	68p 36% Sp	68p 22%	68p 25% Sp	68p 48% Sp	31%
I.L.2 Centers Only	NA	NA	NA	NA	NA
I.M.1 Each caregiver must be 18 years of age and able to read & write.	0	0	0	0	0%
I.M.2 Each caregiver must be able to carry out activities described in Section I.D.1, Ensuring the Continuing Development of Children.	SEE I.D.1				
I.M.3 Each caregiver must be able to provide evidence that he or she meets the health requirements specified in I.O. Free of TB, etc.	68p 12%	68p 0	68p 79%	68p 17% S	15%
I.M.4a Each caregiver must be able to work with children without recourse to physical punishment or psychological abuse.	Not scored for compliance; see discussion. S	S	S	S	
I.M.4b Caregiver should be able to praise & encourage children and provide them with a variety of learning & social experiences appropriate to the age of the children served.	68 Not scored for compliance; see discussion. S	68	68 p	68 S	

TABLE 3.14

FAMILY DAY CARE HOMES COMPLIANCE TABLE:

ENSURING STAFF ACCOUNTABILITY, ADEQUACY, AND COMPETENCE

1972 FDCR Item	Percent of Homes Not In Compliance				
	Wash. (n=129)	Oregon (n=96)	Idaho (n=28)	Alaska (n=23)	Region (n=276)
I.M.4c Caregiver should be able to communicate with parents and children in their own language whenever possible.	Not scored for compliance; see discussion.				
I.M.4d Caregiver should be able to recognize and act against hazards to physical safety.	68 51% Sp	68 52%	68 75% Sp	68 52%	54%
I.M.4e Caregiver should possess capacity & willingness to increase skills & competence through experience, training, & supervision.	68p 37%	68p 61%	68p 44%	68p 35%	46%
I.N.1a Operator of day care facility must provide a child care program & facility which meets the standards set forth in these requirements.	Total compliance for all items				
I.N.1b Operator must maintain adequate enrollment, attendance, financial, & related records.	50% Sp	63%	79% Sp	96% Sp	61%
I.N.1c Centers only.	NA	NA	NA	NA	NA
I.N.1d Operator endeavors to cooperate with administering agency in all reasonable efforts to improve the quality of care and the competence of caregivers.	0	0	0	0	0%

TABLE 3.14

FAMILY DAY CARE HOMES COMPLIANCE TABLE:

ENSURING STAFF ACCOUNTABILITY, ADEQUACY, AND COMPETENCE

1972 FDCR Item	Percent of Homes Not In Compliance				
	Wash. (n=129)	Oregon (n=96)	Idaho (n=28)	Alaska (n=23)	Region (n=276)
I.N.1e Operator is willing to inform parents & other interested persons about goals, policies, & content of day care program which he or she operates.	68 9%	68 7%	68 0 Sp	68 9%	7%
I.N.1f Operator has achieved the locally applicable legal age of majority.	0	0	0 S	0	0%
I.P.1 No discrimination among children or families on basis of race, color, creed, religion, marital status, or age of parents, sex, or national origin.	68 17%	68 13%	68 32%	68 17%	17%
I.P.2 Goals, policies, & activities of program presented & explained to parents at time of enrollment. Parents counseled regarding appropriateness of day care facilities for their child.	68 26%	68 20%	68 0 Sp	68 26%	21%
I.P.3 A clearly stated written procedure developed by administering agency by which a parent may take grievances to that agency is presented and explained to each parent.	100%	100%	100%	100%	100%
I.P.4a Operator has on file child's full legal name, birthdate, & current address, and his preferred name(s).	68p 18% S	68p 19%	68p 29% S	68p 41% S	21%
I.P.4b Operator has on file name & addresses of parent (or guardian) and of any other person or agency responsible for care of the child.	68p 13% S	68p 10%	68p 24% S	68p 23% S	14%

TABLE 3.14

FAMILY DAY CARE HOMES COMPLIANCE TABLE:

ENSURING STAFF ACCOUNTABILITY, ADEQUACY, AND COMPETENCE

1972 FDCR Item	Percent of Homes Not In Compliance				
	Wash. (n=129)	Oregon (n=96)	Idaho (n=28)	Alaska (n=23)	Region (n=276)
I.P.4c Operator has on file telephone numbers or instructions as to how the persons responsible for the child can be reached during the time the child is in day care.	68p 8% S	68p 6%	68p 16% S	68p 14% S	8%
I.P.4d Operator has on file names and addresses of persons authorized to take the child from the day care facility.	22% S	18%	56%	68%	27%
I.P.4e Operator has on file names, addresses, & telephone numbers of persons who can assume responsibility for the child if, in an emergency, the parent(s) cannot be reached.	68p 19% Sp	68p 12%	68p 44% Sp	68p 50% S	21%
I.P.4f Operator has on file statement of any health & other special problems in child or family which might affect his attendance or participation. Name & number of child's regular source of health care.	14%	22%	52%	50%	22%
I.P.4g Notations of communication with parents about significant health & behavior problems.	68%	75%	57%	87%	71%

three hours shall be disregarded in the count for which a home may be licensed, provided the total number of children does not exceed ten on the premises at any one time.

Idaho

One adult/six children including the mother's own. Of the six, no more than four may be day care children. No more than two children under two years of age. Teen-age children of the mother not included in the total.

Alaska

One adult/six children including the mother's own.

When no more than one child under three years old is in care, the 1972 standards would not affect the current permitted capacities in Oregon, Idaho, and Alaska for day care homes. However, since the proposed standards alter the 1:6 ratio when more than one child younger than three is in care, those homes which have more than one child younger than three would either have to hire an assistant or ask parents to remove one or more children from care to correct the ratio.

In the State of Washington which permits a 1:10 ratio of children aged 2-12, and a 1:6 ratio when one or more of the children is younger than two, many homes would be affected by the adoption of the 1972 FDCR. Again, the provider would have an option of hiring an assistant or asking parents to find another caregiver.

In judging compliance of the sampled family day care homes, there was some difficulty in determining the number of children who are present in the home at any one time--a factor which affects compliance with the 1972 FDCR. Unlike the proposed day care center ratios in which compliance is based on the number of caregiver hours available per child hours at the center, the family day care home ratio is based on a fixed number of adults who are required to be present at all times.

Since many day care home providers provide before- and after-school care, evening, overnight, and drop-in care, the number of children present during any given hour of the day varies. Thus, when the total number of children claimed by the provider appears high, it may be that these children are not in care during the same hours.

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In summary, all states in Region X would be affected by this proposed change. Washington with its permitted 1:10 ratio would be most affected.

Day care center compliance, under 1972 FDCR, is based on a ratio between the total number of caregiver hours available each day and the number of hours which children of various ages are present on center. In addition, given this ratio, no fewer than one-half of the required caregivers can be on site at any time during the day. For instance, if the child hours on center require that there be six caregivers available to the children, at no time during the day (e.g., nap time, early morning, or closing time) can there be fewer than three caregivers with the children.

Given this formula, the computation of compliance for the sampled day care centers required two steps. First, the required number of caregiver hours for each age group in care was computed according to the prescribed FDCR ratios. (For example, three infants present 10 hours per day = 30 infant hours. This requires 10 available caregiver hours.) In the second step, the available staff at any hour of the day was determined. Each center listed the total caregivers available during each two hour interval throughout the center's working hours. If a center had fewer than one-half of its required caregiver population on-site at any time, it was judged out of compliance.

Thus, under the new FDCR, a center could be out of compliance by either having an insufficient number of caregiver hours available or by having less than one-half of the required staff available at any given time. *Our findings indicate that the lack of total caregiver hours required per day is the most frequent factor resulting in non-compliance.* An interesting pattern develops for centers which are out of compliance due to not having at least one-half the required staff ratio available. *The hours during which centers did not have at least one-half of their required staff ratio on center were most frequently just after the center opened and just prior to closing.* The next major time frame, which resulted in non-compliance, was during nap times.

An extensive comparison of the proposed 1972 FDCR staff/child ratios with current state standards is made in Chapter IV of this report. The impact of these proposed changes can be estimated by considering that almost 40% of all centers visited do not have staff/child ratios which meet the new requirements.

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Since personnel costs are the major cost item in operating a day care center, the cost of care is directly and strongly affected by this requirement. The possible implications of this rise in the cost of providing care are several:

-- Private providers may discontinue accepting federally supported children in order to avoid this additional cost.

-- Private, non-profit centers which usually operate on tight budgets may be severely strained, and perhaps forced to look for private pay children or to close their operations.

-- Public centers will require more state or federal funds to serve the same number of children.

> I.M.1 - Each caregiver must be 18 years of age and able to read and write.

The center operators were asked if they had salaried staff who were under 18. Nearly one-half (43%) of the centers did employ staff under 18. Typically these were Neighborhood Youth Corps (NYC) teenagers, who generally worked a few hours each day as center aides. With the 1972 FDCR no longer allowing staff under 18 to be counted in the staff/child ratio, many centers will have to supplement their current staff or replace those who are under 18.

> I.M.4a - Each caregiver must be able to work with children without recourse to physical punishment or psychological abuse.

The interviewers, with only a few exceptions, did not observe behavior that they felt constituted psychological abuse. Some of the findings may be interpreted as out of compliance, but this requirement has not been scored for compliance since the measurement techniques were too subjective.

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The most common form of discipline used by center operators is isolation, or removal from the group. Fifty-five of the 72 centers in the sample responded that this form of discipline is used to control disruptive behavior. Usually the length of the removal would be from two to five minutes, although one center indicated that the isolation could last as long as 20 minutes. About one-half of the centers using this method also talked to the child about being isolated. This generally involved explaining to the child the reasons for the disciplinary action and what is acceptable behavior in the future.

Another form of discipline mentioned by centers was an occasional spanking. A total of 24.3% of the centers indicated that spanking was used as a last resort to control disruptive behavior.* In most cases, they were given only with the parents permission.

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*One Alaska center related the circumstances in which they had spanked a child:

A rather active five year old child was enrolled in the center. One day this child discovered the fire alarm switch in the center. Being an active, curious child, he crawled up to the switch and turned in the fire alarm. Out came the firemen and the fire engine to put out the fire. Obviously, there was no fire to put out. The center director explained what had happened to the fireman. The child who had turned in the fire alarm was brought into the director's office and the situation explained to the child. Once the child understood why fire alarms were not turned in, he was returned to the group to rejoin the activities. A few minutes later the alarm was again turned in, and again the firemen and the fire engines appeared at the center. The director, sensing that the first attempt at correcting the child had failed, turned to their second level of discipline, removal from the group. After the child had spent a brief period of time in quiet contemplation, the director and the child had another chat about "why we don't turn in fire alarms when there isn't a fire." The child responded that he, indeed, did understand why his behavior had been unacceptable and again returned to the group for activities. A few minutes later, once again a fire engine full of firemen was outside the center to fight the third non-existent fire.

At that point, the director administered what we have called an occasional spanking. The director related that no further episodes of the false fire alarms have been experienced by the center.

Table 3.15 displays all the responses received to the question, "What is the center policy with regard to the handling of disruptive behavior?" (Total responses exceed the total sample, due to multiple responses.)

TABLE 3.15
CENTER POLICIES FOR HANDLING DISRUPTIVE BEHAVIOR

Policy	Number Responding (n=72)
Remove the child from the group	55
Talk with the child about his behavior	32
Occasional spanking	17
Behavior modification techniques	6
Discuss with parents	4
Remove child's privileges	3
Teach child self-discipline	1
Reinforce positive behavior	1
Verbal admonition	1
Peer group pressure	1
Kick child out of center	1
Ignoring child's misbehavior	1
Spanking (as primary discipline method)	1
Prayer	1

In family day care homes, on the other hand, parental involvement in setting permissable types of discipline was measured. When asked if discipline is discussed with the parents at the initial interview, 84.5% of the family day care providers responded positively. To the question, "Do you have problems with parents regarding differing ideas about discipline?", 5.8% (versus 22.2% in centers) responded "yes." In addition, 94.5% of these providers indicated that they discuss concerns about a child's development and behavior with parents."

From the field experience with this setting in the Region, it was concluded that these providers are highly sensitive to the issue of discipline; and, in fact, many family day care operators do not accept children for care where disciplinary conflicts are a potential problem. These findings lead to the conclusion that, in lieu of other evidence, the discipline a child receives in the family day care home is highly consistent with the discipline the child receives at home.

I.M.4b - Each caregiver must be able to praise and encourage children and provide them with a variety of learning and social experiences appropriate to the age of the children served.

Due to measurement difficulties with this requirement, compliance statistics were not compiled. Each center or home provider was asked open-ended questions regarding perceptions of the most important needs of children in various age groups. The results of these questions are displayed in Table 3.16 listing the four most frequently mentioned needs for each age group.

In Chapter V it is reported that day care center operators have a much higher formal educational background than do family day care mothers. Yet, the perceptions of children's needs by center directors and family providers do not differ much. In some instances priorities differed, for example, family day care operators listed food as a high priority for infants, yet the centers, with a more developmental approach, listed sensory stimulation as a high priority. This is not to say, however, that family day care mothers do not pay attention to infants' needs for sensory stimulation. In fact, as discussed in Chapter V, the family setting offers the best staff/child ratio and environment for infant care, according to current infant research. Throughout the age groups, the family day care providers tend to mention the more concrete needs (like food), with the centers being slightly more developmentally oriented. Though activities appropriate to these identified needs occur in both settings, the approaches to care are different. Centers generally have more formal, planned developmental activities, while activities in the homes occur more spontaneously. *In summary, our data indicated a good awareness on the part of family day care providers of the needs of the various age groups in care.* The data presented earlier in this chapter on the usual activities carried out in family day care homes, suggests that these needs are met, at least minimally, in family day care homes.

I.M.4c - Each caregiver must be able to communicate with parents and children in their own language whenever possible.

TABLE 3.16
MOST FREQUENTLY MENTIONED NEEDS FOR
VARIOUS AGE GROUPS

Family Day Care Homes		Day Care Centers	
Need	Percent Mentioning	Need	Percent Mentioning
(n=12)	INFANTS (0-18 months)	(n=71)	
1. TLC/love, affection	85.6%	1. TLC/love, affection	96.3%
2. Comfort/Dry & Clean	46.8%	2. Physical contact/holding	33.3%
3. Physical contact/holding	39.6%	3. Comfort/Dry & Clean	33.3%
4. Food	38.5%	4. Sensory Stimuli	33.3%
(n=239)	TODDLERS (18-35 months)	(n=71)	
1. TLC/love, affection	58.1%	1. TLC/love, affection	60.7%
2. Nutritious Food	27.0%	2. Building a sense of security & independence	32.1%
3. To be busy/play/activity	25.9%	3. Language development	28.5%
4. Eye/hand coordination Gross/fine muscle development, good toys	24.7%	4. Other conceptual development (numbers & color)	28.5%
(n=236)	PRESCHOOLERS (3 years to 1st grade)	(n=20)	
1. TLC/love, affection	37.2%	1. Getting along with others	57.3%
2. Structured activities (games & crafts)	36.0%	2. Language development	52.9%
3. Conceptual development, imagination, making choices	28.0%	3. Other conceptual development, imagination & making choices	51.4%
4. Getting along with others	27.1%	4. TLC/love, affection	32.3%

TABLE 3.16 contd.
MOST FREQUENTLY MENTIONED NEEDS FOR
VARIOUS AGE GROUPS

Family Day Care Homes		Day Care Centers	
Need	Percent Mentioning	Need	Percent Mentioning
(n=165)	6 to 10 YEAR OLDS	(n=33)	
1. Place to study, help with homework/adult interest	30.3%	1. Help with homework/adult interest/place to study	30.3%
2. Quiet activities	24.1%	2. Praise/help with self-concept	30.3%
3. Learn to assume responsibility	20.0%	3. Learn to work independently, solve own problems	30.3%
4. Active energy play	19.3%	4. Getting along in group	27.2%
(n=211)	11 to 14 YEAR OLDS	(n=8)	
1. Opportunity to practice responsibility	39.3%	1. Need to develop self-concept	45.4%
2. Active energy play	30.3%	2. Getting along with groups/peers	36.3%
3. Getting along with groups/peers	21.2%	3. Opportunity to develop competency	36.3%
4. Need to develop good self-concept	21.2%	4. Develop a wide range of interests	36.3%

The findings are that 15 out of 72 centers in the survey had children who spoke another language, usually Spanish. The majority of these children were found in migrant centers. Nine of the 15 centers with Spanish-speaking children had Spanish-speaking staff to communicate with the children. Of family day care homes, only 16 of 276 had bilingual children. The number of bilingual family day care providers is not known.

> I.M.4d - Each caregiver must be able to recognize and act against hazards to physical safety.

The primary factor causing non-compliance with this requirement involved first aid training. Though a caregiver can recognize hazards without such training, the child's physical safety can best be ensured by an operator with first aid training. Again reasonable, observable indices are few for this item.

> I.M.4e - Each caregiver must possess the capacity and willingness to increase skills and competence through experience, training, and supervision.

Measures of staff willingness to increase skills are difficult to develop unless opportunities for training and improvement exist. To measure compliance in day care centers, the improvement mechanisms available to staff in centers were examined. About one-half of the centers (55.6%) did not have a career development plan for each staff member; 15.1% had no in-service training program; and 28.2% did not use any outside training resources. In addition, 36.1% of the center operators did not feel that some formal training in child development is necessary for staff specifically hired to deal with children. *These findings, in combination, suggest a significant need to upgrade the training and growth opportunities for day care center staff members.*

Two questions were asked of family day care homes to measure compliance with this requirement. To the first question 53.8% of the home operators indicated they had not had any formal training to work with children. In addition, 46.2% indicated they did not wish to receive any training. One might conclude that many of these operators think they possess the necessary skills to care

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for children by having been parents themselves, or perhaps, the idea of formal training in child care doesn't mean much to those providers who don't know what it might include.

> I.N.1b - The operator of a day care facility must maintain adequate enrollment records, attendance, financial, and related records.

The discussion of requirements I.K.1 and 2 presents in detail the informal nature of record keeping in family day care homes. Despite the informality, it should be noted that in four states all the family day care homes keep sufficient records to meet state standards and, thus, receive payments. In order to improve record keeping and insure its uniformity, states should provide caregivers with all needed forms.

> I.N.1e - The operator of a facility is willing to inform parents and other interested persons about the goals, policies, and content of the day care program which he or she operates.

Measurement of this requirement in day care centers included an examination of the content of initial interviews with a potential consumer/parent and the existing mechanisms for continuous communication with parents of enrolled children.

It was found that 10% of the centers did not interview parents. Of the centers who did interview parents, 6% did not discuss the center rules and regulations; 9% did not discuss the center program, goals, and objectives; and 10% did not discuss the supervision of children.

Also considered necessary for compliance is a means to keep parents informed about their children. The three criteria for measuring this yielded that 19.4% of the centers do not encourage parents to visit, observe, or participate in the care of children at the facility; 7% do not encourage parents to confer with caregivers on an individual basis; and 18% of the centers had no formal mechanism (such as a bulletin board) to inform parents of program changes.

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In the interest of consumer education and information, states should encourage centers to make information public on their policies and program features.

> I.P.1 - Admissions policies, access to services, and treatment while in the program do not discriminate among children or families on the basis of race, color, creed, religion, marital status or age of parents, sex, or national origin.

Though less than 20% are out of compliance, this requirement is included for discussion to emphasize the problem that non-English-speaking parents may have in obtaining day care. For example, 6% of the day care centers require that the child speak English. For family day care homes the figure rises to 16% requiring the child to speak English. While technically the English-speaking requirement imposed by the operators does not violate the non-discrimination standard, language spoken does relate to the national origin of the child and his parents; and, thus, is discriminatory of the child's ethnic/cultural background.

> I.P.2 - The goals, policies, and activities of the day care program are presented and explained to parents at the time of enrollment. Parents are counseled regarding the appropriateness of the day care facility for their child.

A center was regarded as in compliance, if parents were interviewed and if the interview contained at least the features mentioned above (Requirement I.N.1e). It was found that 9.6% of the centers do not interview parents. Table 3.17 lists the percentages of centers whose initial interviews do not cover these and other related topics. (Topics with asteriks are considered necessary for compliance.)

> I.P.3 - A clearly stated written procedure developed by the administering agency by which a parent may take grievances to that agency is presented and explained to each parent.

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TABLE 3.17
CONTENT OF CENTER PRE-ENROLLMENT
INTERVIEWS WITH PARENTS

Topic	Percent of Centers (n=70)
*Center rules & regulations	5.7%
*Center program, goals & objectives	8.6%
*Supervision of the children	10.0%
Child's activities, habits, and schedules	8.6%
Child's past behavioral or learning problems	21.4%
Correctional or future developmental plans for child	44.3%
Expectations of parental involvement in the program	23.2%
Expectations of parents for their child while in the program	25.7%
Center's ability to make social service/psychological/medical referrals	34.3%

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None of the four states in Region X has developed written parent grievance procedures. Grievances that are received by the administering agencies are investigated and informal resolution is attempted between the parent and the operator.

For day care centers, 90.3% of those surveyed had no written grievance procedure. All of the centers having a procedure were affiliated with either Head Start, CAP, or Model Cities. However, only one of these centers had given a copy of the procedures to the parents.

> I.P.4a - The operator has on file for each child a written record including the child's full legal name, birthdate, current address, and his preferred name(s).

Due to the more informal nature of family day care homes, 21% of these providers do not have written records of this detail. If states encourage record keeping, by providing a supply of enrollment and other required forms, compliance should be no problem.

> I.P.4d - The operator has on file for each child a written record including the names and addresses of persons authorized to take the child from the facility.

This is similar to Requirement I.K.2 in certain respects. Both family day care homes and centers were asked if their written records contain the above information. Operators should record this information to protect themselves and the children from a potentially dangerous situation.

> I.P.4e - The operator has on file for each child a written record including names, addresses, and telephone numbers of persons who can assume responsibility for the child if, in an emergency, the parent(s) cannot be reached.

This requirement was met less frequently by family day care homes, since they tend to maintain only minimal

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records. *The most critical weak area in family day care homes is emergency planning, with over 20% of providers not meeting this requirement and 39.1% not having written permission of the parents to obtain emergency medical care.*

> I.P.4f - The operator has on file for each child, a written record including a statement of any health and other special problems in the child or family which might affect his attendance or participation in day care and the name and telephone number of the child's regular source of health care.

The discussion above applies to this requirement.

> I.P.4g - The operator has on file for each child a written record including notations of communication with parents about significant health and behavior problems.

The findings indicate that both centers and family day care homes discuss health or behavior problems with the parents of children in care. Written records of these discussions, however, are not kept. While most of the other requirements in Section I.P. seem reasonable, this type of record keeping for each child appears to be an instance of record keeping for its own sake, rather than contributing to the safety or quality of care the child receives.

3.4.1 Summary--Ensuring Staff Accountability, Adequacy, and Competence.

Of the 27 specific criteria related to staff accountability, adequacy, and competence, 12 were not met by more than 20% of the centers or homes in the Region. These twelve areas are as follows:

-- Required staff/child ratios in both centers and homes.

-- Caregivers must be 18 years old in centers.

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*Refer to state profiles at the end of this chapter for a summary of high non-compliance items for each state.

00033

-- Caregiver should be able to act against hazards.

-- Caregivers should be able to increase their skills through supervision and training.

-- Operator must maintain adequate enrollment, attendance, and financial records.

-- Operator is willing to inform the public about center policies.

-- Parents receive counseling and information about program goals at the time of enrollment.

-- Written records are kept of child's legal name, address, etc.

-- Written records are kept of persons names and addresses other than parents who can take child from facility.

-- Written records are kept of persons who can assume responsibility in case parents can't be reached in an emergency.

-- Written statements of child's health problems and the name of the child's regular source of health care are kept.

-- Notations are made of communication with parents about children's problems.

Four of these high, non-compliance items were covered by the 1968 FDCR and the others were partially covered. Only one of the criteria was covered by all four state standards and two others were partially covered by all four states.

The states in Region X rank as follows in their overall compliance with the proposed standards relating to staff adequacy. (State listed first has the smallest proportion of centers or homes out of compliance in all criteria related to this area.)

Centers	Family Day Care Homes
Washington/Oregon	Washington
Idaho	Oregon
Alaska	Alaska
	Idaho

0094

3.5 GROUP DAY CARE HOMES AND IN-HOME CARE

3.5.1 Group Day Care Homes.

This day care setting was examined in all four states on an exemplary basis, since there were only 19 homes in this category. Only the State of Washington gives this form of care full recognition in its statutes. Even then, the statutes differ from 1972 FDCR in the number of allowable children in this setting. Because of the peculiar nature of group homes (having more children than the typical family day care home, yet, fewer than a day care center), there have been conflicts between the state licensing agencies and other state and local government agencies over appropriate requirements. An Alaskan licensing worker said that the state had to stop licensing group homes because of the fire marshal's interpretation that a group home was a day care center and, thus, subject to the fire requirements which centers must meet.

The general compliance pattern is one in which family day care homes and group homes have similar compliance profiles on the same requirements.* The major difference between the two is the requirement that a group home have a second caregiver available at least 50% of the time that the home is open. Only 44.4% of the group homes sampled currently have an assistant. *Should the 1972 FDCR be adopted, the majority of group homes would have to hire an assistant. This would decrease the disposable income available to the provider.*

3.5.2 In-Home Care.

This category of care is required to meet the fewest 1972 FDCR criteria. The primary areas of compliance required of in-home caregivers are that they be competent (Section I.M.) and healthy (Section I.O.).

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*Because of the small number of homes sampled, the results may or may not be representative of all group day care homes. Also, due to the small number, four homes in the Region would need to be out of compliance for the 20% non-compliance to be reached.

I.M.1 - Each caregiver must be at least 18 years of age and must be able to read and write. In-home caregivers must be at least 16 years of age.

All caregivers in the four states were grouped by age. The following were the number of in-home caregivers in each state who were under 18.

State	Percent of In-Home Providers Under 18
Washington	3.4%
Oregon	20.3%
Idaho	19.0%
Alaska	12.1%

In the state of Oregon, in-home caregivers who responded that they were younger than 18 were asked their specific age. Of the 20% of the in-home providers who were under 18 in Oregon, one-fifth, or 4% of the total population of providers were younger than 16. If this same ratio prevails in Idaho and Alaska, then about 3.8% of Idaho's and 2.4% of Alaska's in-home provider population is younger than 16. The State of Washington probably has a very small number of providers younger than 16 since the state requires formal administrative approval of requests that providers be younger than 18.

I.M.2 - The caregiver must be able to carry out the activities described in I.D.1. (I.D.1 requires that there be a schedule of daily activities for each child which provides:

(a) guidance and opportunities for physical activities and other activities that promote coordination and perception.

(b) for the use of a variety of games, toys, books, crafts, and other activities and materials to enhance the child's intellectual and social development and to broaden his life experiences.

(c) opportunities for individual self-expression in conversation, art, dramatic play, etc.

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I.M.2 contd. -

(d) opportunities for children to work on their own at activities that enhance their independence and self-reliance.

(e) opportunities for children to engage in group activities that enhance their understanding of themselves in relation to others.

(f) opportunities for school-age children to practice or extend the skills and knowledge they are acquiring in school.)

To determine the range of activities available to children in an in-home setting, providers were asked: "What are some of the things you do with the children you care for?" The results are displayed below:

TABLE 3.18
IN-HOME PROVIDERS' TYPICAL ACTIVITIES WITH CHILDREN IN THEIR CARE

Activity	Percent of Providers Circling Each Item (n=280)
Watch TV	83.6%
Take walks with the children	50.9%
Read to or with the children	69.6%
Outdoor play	68.0%
Quite games (indoors & outdoors)	71.4%
Talk to children a lot	81.8%
Eat with children	73.2%
Encourage potty training*	100.0%
Let children help fix food, set the table, clean up	49.3%
Other activities	32.2%

Of the providers who allow the children to watch TV, 18.4% watched TV more than three hours per day. This compares with the 4.7% of family day care homes who watch TV three hours a day. The programs most commonly watched are listed below:

*Based only on providers who care for toddlers.

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TABLE 3.19
TV PROGRAMS VIEWED BY CHILDREN
IN-HOME SETTING

Program	Percent Viewing Regularly (n=234)
Sesame Street	52.6%
Electric Company	9.8%
Other educational programs	38.5%
Situation comedies	29.9%
Cartoons	34.7%
Quiz shows	7.7%
Other shows (westerns, movies, mysteries)	22.6%

I.M.3 - Each caregiver must be able to provide evidence that he or she meets the health requirements specified in Section I.O.

I.O.1 - The administering agency has written evidence that all who come in contact with children be free of TB, syphilis, and other communicable diseases.

Caregivers were asked, "Have you had a physical examination and/or tests for TB and other diseases during the past year?". The results are:

State	Percent Responding "No"
Washington	23.4%
Oregon	20.3%
Idaho	33.3%
Alaska	5.9%

I.O.2 - Caregivers who have an illness that may pose a threat to children should be relieved and adequate substitute arrangements made in advance.

Caregivers were asked, "What arrangements do parents make when you are ill and unable to care for the children?". The responses were:

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Parent stays home	12.5%
Parent finds a replacement	45.0%
Caregiver finds a replacement	12.8%
Other arrangements	29.7%

The number of parents who must stay home if the sitter is ill indicates that it is difficult to arrange for in-home care substitutes in advance. The administering agencies should evaluate the child care arrangements at the time of original approval to ensure that substitutes are available for emergency situations.

> I.M.4a - Each caregiver must be able to work with children without recourse to physical punishment or psychological abuse.

In-home care providers were asked if they had any problems with parents regarding differing ideas about the discipline of children. The results showed that only 6.9% of the caregivers indicated that this was a problem area. This paralleled our experience with family day care homes and would indicate that there is a consistency of discipline between caregiver and parent.

> I.M.4b - Each caregiver must be able to praise and encourage children and provide them with a variety of learning and social experiences appropriate to the age of the children served.

Earlier in this chapter the activities of the children in an in-home setting were displayed. Monitoring this requirement will be extremely difficult for in-home settings. Over 52% of the caregivers in the sample had been in-home providers for less than 11 months. State workers indicate that a high turnover rate for this category of provider is common. Also, about 30% of the caregivers are related to the children for whom they are providing care and were selected by the parent to provide care. With a high turnover rate, it is difficult to evaluate the capabilities of any caregiver. Relatives have a legal right to provide care, thus, negative sanctions would not affect them in cases on non-compliance.

A factor which also has a major impact on the monitoring of in-home care is the organizational structure of the four state agencies. Because in-home care does not require a formal licensing procedure, certification is handled by any worker in a local office. Once the caregiver is certified by the local office worker, rarely are any follow-up visits arranged to monitor the care of the children. Only if a problem arises in the child care arrangements, does the agency have further involvement other than payment.

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I.M.4e - Each caregiver must possess the capacity and willingness to increase skills and competence through experience, training, and supervision.

In-home care providers were asked to indicate if they ever had any training in child care. The results are:

State	Percent with no Prior Training
Washington	51.0%
Oregon	50.4%
Idaho	57.1%
Alaska	61.8%

Those without prior training were also asked whether they would like some training. The results are listed below:

State	Percent Not Interested in Training
Washington	66.2%
Oregon	48.0%
Idaho	56.2%
Alaska	42.3%

The disinterest of many in-home providers in child care training reflects many of their views on being a caregiver as a permanent job. Our study found that 41.8% of all current in-home providers would rather be doing something other than providing in-home child care (see Chapter V for further discussion).

Summary. Administering agencies will be faced with a dilemma in attempting to develop plans to upgrade in-home care. The disinterest in training and provider turnover will work against a successful implementation of a training plan for in-home providers. In additon, limited agency staff cannot monitor all in-home settings. *An agency, with limited training resources, would have difficulty justifing training in-home providers from a cost-effectiveness viewpoint.* Agencies probably should devote their limited resources to training center personnel and family/group day care operators who tend to care for more children over time than in-home providers.

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3.6 STATE COMPLIANCE PROFILES

The following discussion and tables profile those areas of 1972 FDCR which centers and family day care homes currently do not meet in the four states of Region X. We will also examine whether these non-compliance scores are a result of having no comparable standard--state or 1968 FDCR--or whether the requirement currently exists, but is not enforced.

3.6.1 Alaska.

Ensuring child's physical safety: Of the 19 specific criteria related to physical safety, there were three which 20% or more of the Alaskan centers did not meet.

- -- Fenced outdoor play areas and/or swimming areas without supervision when children under age 10 are in care.
- -- Assuring absence of hazards to small children.
- -- Operators' awareness of persons with whom child may leave facility; activities child may undertake without direct supervision; and methods to request out-of-facility activities.

Two of the three high non-compliance areas in centers are not covered under either the 1968 FDCR nor Alaska licensing standards (fenced play areas and written records of persons with whom children may leave the facility). The third area (absence of hazards) is implicit in current FDCR and state codes but there are no concrete indices in either set of standards, thus, interpretation for compliance purposes is probably not uniform.

Twenty percent or more of the Alaskan family day care homes did not comply with nine criteria related to physical safety. Of these, the four most frequently unmet criteria were:

- -- The availability of fire extinguishers and emergency lighting.
- -- Outdoor play areas are fenced.

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TABLE 3.20
ALASKA CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

I. ENSURING CHILD'S PHYSICAL SAFETY

1972 FDCR Item	High Non-Compliance Items by Facility Type	
	Centers (n=17)	Family Day Care Homes (n=23)
I.A.1 Operators must possess written evidence of compliance with local & state codes & regulations re: fire, safety, sanitation, & licensing	68 S	68 22%* S
I.B.2 No highly flammable furnishings or docorations used, flammable materials & potential poisons in storage accessible only to authorized persons.		22%*
I.B.3 An approved, working fire extinguisher available & emergency lighting available in case of power failure.	Sp	48%
I.B.5 Outdoor play areas fenced from unsafe areas. Children under 10: no ponds or swimming areas without supervision.	29% S	52% S
I.B.7 Paint coating evaluated to assure absence of lead on premises where care is provided children under age 6.		26%
I.B.13 When handicapped children are give care, adequate provision is made for special needs to ensure safety and comfort.		26%*
I.I.1 Day care activities & premises do not expose children to hazardous situations per age of child.	47%	78%
I.K.1 Daily attendance records kept and all absences discussed with parents.	Sp	26% Sp
I.K.2 Operator is aware of parents' wishes concerning: persons with whom child may leave facility; activities child may undertake without direct supervision; what method of request may be used by school age child for out-of-facility activities.	59%	65%

*Region, as a whole, in compliance with 1972 FDCR item.

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-- Assuring the absence of hazards to small children.

-- Operators' awareness of persons with whom child may leave facility; activities child may undertake without direct supervision; and methods to request out-of-facility activities.

As with Alaskan centers, assuring the absence of hazards is included in both the state and 1968 standards. The requirement of fire extinguishers in family day care homes is probably not included in many local fire regulations for this setting and is not a state or federal requirement currently. The final two high non-compliance areas for Alaskan family day care homes (fenced play areas and written instructions about parent wishes) are not explicit in any current standards.

In summary, Alaskan centers rank 2nd among the four states in Region X in terms of compliance with the proposed 1972 federal requirements pertaining to physical health and safety, while Alaska's family day care homes rank 4th.

Ensuring the continuing development of children and continuity with home. Alaskan centers did not meet nine of the 13 requirements related to child development, and family day care homes were out of compliance in eight areas. Those items that were most highly out of compliance are:

-- Children not kept in day care longer than necessary.*

-- Written plan or schedule of daily activities**

-- Evidence of capability to carry out plan.**

-- Access to safe outdoor play areas.*

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*Family day care homes in non-compliance/applicable only to this type facility.

**Both centers and family day care homes in non-compliance.

TABLE 3.21
ALASKA CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

II. ENSURING CONTINUING DEVELOPMENT OF CHILDREN & CONTINUITY OF HOME

1972 FDCR Items	High Non-Compliance Items by Facility Type	
	Centers (n-17)	Family Day Care Homes (n=23)
I.C.1 Children are not kept in day care longer than is necessary -- a child does not remain in care more than time parent is at and traveling to and from work, except in emergencies.		48%
I.D.1 There is a written plan or schedule of daily activities for each child or group of children with similar developmental needs.	65%	96%
I.D.2 There is evidence of capability to carry out daily plan, including availability of materials & equipment suitable to developmental stage of child.	65% s	68 91% s
I.D.5 There is access to safe outdoor play areas.	68 29% s	52% s
I.E.1 At time of enrollment & after, as needed, operator discusses with each parent the child's habits, activities, & schedules at home or in school and parent's concerns about his further development.	77%	26%
I.E.2 Parents are encouraged to visit facility to observe and participate in care of their children. Operator is responsible for contacting parents to exchange information concerning the child.	68 24%	68 32%
I.E.4 Each child's cultural & ethnic background & primary language respected by caregivers. Whenever possible, caregivers are able to speak the primary language of each child.	59%	77%
I.E.5 School is notified of day care placement of school-age child. Communication between school and caregivers takes place in emergencies & other instances when child's total development can be enhanced.	53%	39%
I.Q.1 Each day care facility serving 15 or more children has a policy advisory council, at least 50% of which must be parents of the children served.	68p 57%	

09104

TABLE 3.21
ALASKA CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

II. ENSURING CONTINUING DEVELOPMENT OF CHILDREN & CONTINUITY OF HOME, Cont.

1972 FDCR Items	High Non-Compliance Items by Facility Type	
	Centers (n=17)	Family Day Care Homes (n=23)
I.Q.2 The policy advisory council shall approve project grant applications for Federal operating funds before submission.	68 20%	

00105

-- Operator discusses with parents child's habits, activities, schedules and development.*

-- Each child's cultural and ethnic background respected; primary language spoken by caregiver whenever possible.***

-- School is notified of day care placement. Communication between school and caregiver in emergencies and when concerning child's total development.*

-- Facility with 15 or more children have parent advisory council.*

As discussed in the regional profile, few state standards deal extensively with programmatic aspects of child care. Also, the 1968 FDCR do not specify indices by which to measure compliance with developmental objectives. Thus, the lack of compliance in some of these areas is difficult to interpret. Of the nine areas with which Alaskan centers are not in compliance, none except the requirement for access to safe outdoor play areas is explicitly covered in either the state or 1968 standards. The same is true with eight areas of high non-compliance of family day care homes.

Alaskan centers rank 3rd among the Region X states in terms of compliance with the 1972 FDCR standards related to development, while the homes rank 4th in these areas.

Ensuring adequate nutrition and child health. Centers failed to comply in six of the 24 areas of this category. Family day care homes were out of compliance in seven areas. The highest level of non-compliance was with criteria related to emergency planning for both centers and family day care homes:

-- Seventy-one percent of the centers and 87% of the family day care homes had no written evacuation plan and/or did not conduct evacuation drills.

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*Centers in non-compliance/applicable only to this type facility.

**Family day care homes in non-compliance/applicable only to this type facility.

***Both centers and family day care homes in non-compliance.

TABLE 3.22
ALASKA CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

III. ENSURING ADEQUATE NUTRITION & HEALTH

1972 FDCR Items	High Non-Compliance Items by Facility Type	
	Centers (n=17)	Family Day Care Homes (n=23)
I.F.3 Infants are provided a crib or other safe & suitable place. Not left in crib without adult contact for long periods.	68 29%* Sp	68 S
I.G.2 At least one nutritious meal offered if child in care 5 hours; 2 meals if, 9 hours. Snack between lunch & breakfast, and lunch & dinner.	Sp	22% Sp
I.G.3 Food is not used as a punishment or reward. Children are encouraged but not forced to eat.	24%*	
I.H.3 Clean-up & dishwashing practices assure that cooking, serving & eating utensils are clean and sanitary.	24%* S	S
I.J.1 Written & posted plan for evacuation in case of fire or other disaster; caregivers aware of plan and drills given once a year.	71%	87%
I.J.3 First aid treatment chart conspicuously posted. At least one person present understands techniques. In larger facilities, 1 caregiver per 30 children has knowledge of techniques.	68p 65% Sp	68p 91% Sp
I.J.4 Planned source of emergency care -- hospital emergency room or other -- known to caregivers and acceptable to parents.	68p S	68p 87%
I.J.6 In family day care home, second adult is readily available to be summoned to assist in any emergency.	NA	68 22% S
I.J.7 Every facility includes a place where an ill or injured child can rest or play quietly apart from other children yet under adult supervision.	68 S	68 26%* S

*Region, as a whole, in compliance with 1972 FDCR item.

00107

TABLE 3.22
ALASKA CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

III. ENSURING ADEQUATE NUTRITION & HEALTH, Cont.

1972 FDCR Items	High Non-Compliance Items by Facility Type	
	Centers (n=17)	Family Day Care Homes (n=23)
1.0.8 No medicines or drugs administered to any child except with written permission of parent. All medicines or drugs clearly labeled and safely stored.		23%*
1.0.2 Caregivers who have illness that may pose a threat to children should be relieved & adequate substitute arrangements made in advance.	29%	

*Region, as a whole, in compliance with 1972 FDCR item.

00198

-- First aid treatment charts/kits and knowledgable personnel in such techniques were lacking in 65% of the centers and 91% of the family day care homes.

-- Eighty-seven percent of the family day care home operators had not planned with parents for an acceptable source of emergency medical treatment.

These areas of compliance are covered by 1968 FDCR and partially covered by the state's own codes.

In these areas, Alaskan centers rank 3rd among states in the region and 3rd in the region for family day care home compliance.

Ensuring staff accountability, adequacy and competence. Centers failed to meet 10 of the 27 criteria included in this category. Thirty percent or less of the centers were out of compliance in four areas; and one area (provide a formal, written grievance procedure to parents) is the responsibility of the administering agency. Family day care homes were out of compliance on 12 of the items. The nine areas in which facilities had the highest non-compliance ratings include:

-- Staff/child ratios**

-- Caregiver must be 18 years of age*

-- Ability to recognize and act against hazards***

-- Willingness to increase skills***

-- Willingness to provide information regarding goals, policies and content of program; counsel parents regarding appropriateness of facility for their child*

-- Have on file names and addresses of persons authorized to take child from facility**

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*Centers in non-compliance

**Family day care homes in non-compliance

***Both centers and family day care homes in non-compliance

00109

TABLE 3.23
ALASKA CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

BEST COPY AVAILABLE

IV. ENSURING STAFF ACCOUNTABILITY, ADEQUACY & COMPETENCE

1972 FDCR Item	High Non-Compliance Items by Facility Type	
	Centers (n=17)	Family Day Care Homes (n=23)
I.Ab.1 Family day care home staff/child ratios.	NA	68p 48% Sp
I.Ab.2 Regulations concerning number of caregivers on duty at a given time, regardless of number of volunteers.	68p 27% Sp	NA
I.Ad.1 Each caregiver must be 18 years of age and able to read and write.	53%	
I.Ad.4d Caregiver should be able to recognize and act against hazards to physical safety.	68 41%	68 52%
I.Ad.4g Caregiver should possess capacity & willingness to increase skills and competence through experience, training, and supervision.	68p 88%	68p 35%
I.Ag.1 Operator must maintain adequate enrollment, attendance, financial, and related records.	Sp	96% Sp
I.Ag.4g Operator is willing to inform parents and other interested persons about goals, policies, and content of day care program which he or she operates.	68 47%	
I.P.1 No discrimination among children or families on the basis of race, color, creed, religion, marital status, or age of parents, sex, or national origin.	68 20%*	
I.P.2 Hours, policies, and activities of program presented and explained to parents at time of enrollment. Parents counseled regarding appropriateness of day care facility for their child.	68 65%	68 26%

*Section, as a whole, in compliance with 1972 FDCR item.

00110

BEST COPY AVAILABLE

TABLE 3.23
ALASKA CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

IV. ENSURING STAFF ACCOUNTABILITY, ADEQUACY & COMPETENCE, Cont.

1972 FIDCR Item	High Non-Compliance Items by Facility Type	
	Centers (n=17)	Family Day Care Homes (n=23)
.P.1 A clearly stated, written procedure developed by administering agency by which a parent may take grievances to that agency is presented and explained to each parent.	100%	100%
.P.4a Operator has on file child's full legal name, birthdate, and current address, and his preferred name(s).	68p S	68p 41% S
.P.4b Operator has on file name and addresses of parent (or guardian) and of any other person or agency responsible for care of the child.	68p S	68p 23%* S
.P.4d Operator has on file names and addresses of persons authorized to take the child from the day care facility.	24% S	68% S
.P.4e Operator has on file names, addresses, and telephone numbers of persons who can assume responsibility for the child if, in an emergency, the parent(s) cannot be reached.	Sp	68p 50% S
.P.4i Operator has on file statement of any health & other special problems of child or family which might affect his attendance or participation. Name & number of child's regular source of health care.	68p S	50%
.P.4g Notations of communication with parents about significant health and behavioral problems.	24%	87%

0011

-- Have on file names, addresses and telephone numbers of persons to assume responsibility if parent cannot be reached**

-- Have on file a statement of health or other problems of child or family. Name and number of child's regular source of health care**

-- Notations of communication with parents**

Two of the requirements (ratios and minimum age) as prescribed in state's codes differ from the 1968 and 1972 FDC requirements. The records requirements are partially covered in the state standards. The requirements to increase skills and counsel parents are not included in either the current state or federal codes.

Alaskan centers rank 4th among the states in Region X in compliance in this area. Family day care homes rank 3rd.

3.6.2 Idaho.

Ensuring child's physical safety. Idaho centers did not comply with six of the 19 criteria in this category; family day care homes were out of compliance with seven of the items. The four items that were out of compliance most frequently are:

-- The availability of fire extinguishers and emergency lighting.***

-- Assessment of lead content in the child care facility.***

-- Assuring absence of hazards to small children.**

-- Operators' awareness of persons with whom child may leave facility; activities child may undertake without direct supervision;

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*Centers in non-compliance

**Family day care homes in non-compliance

***Both centers and family day care homes in non-compliance

00112

TABLE 3.24
IDAHO CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

I. ENSURING CHILD'S PHYSICAL SAFETY

1972 FDCR Items	High Non-Compliance Items by Facility Type	
	Centers (n=15)	Family Day Care Homes (n=28)
I.B.2 No highly flammable furnishings or decorations used. Flammable materials & potential poisons in storage accessible only to authorized persons.		21%*
I.B.3 An approved, working fire extinguisher available and emergency lighting available in case of power failure.	47%	75% Sp
I.B.5 Outdoor play areas fenced from unsafe areas. Children under 10: no ponds or swimming areas without supervision.	33% Sp	36% S
I.B.7 Paint coatings evaluated to assure absence of lead on premises where care is provided children under age 6.	67%	67%
I.I.1 Day care activities and premises do not expose children to hazardous situations per age of child.	27% S	43% C
I.K.1 Daily attendance records kept and all absences discussed with parents.	27%*	39%
I.K.2 Operator is aware of parents' wishes concerning: persons with whom child may leave facility; activities child may undertake without direct supervision; what method of request may be used by school age child for out-of-facility activities.	47%	50%

*Region, as a whole, in compliance with 1972 FDCR item.

00112

and methods to request out-of-facility activities.***

Assuring the absence of hazards is, of course, implicit in both the currently enforced state and federal codes. Neither standard, however, specifically requires fire extinguishers, emergency lighting, or the evaluation of lead content in paint; nor do the current standards require written records which 1972 FDCR would make necessary.

Idaho centers rank 4th among the states in this region in complying with these requirements and its family day care homes rank 3rd.

Ensuring continuing development of children and continuity with home. Of the 13 areas of compliance in this category, centers were out of compliance in eight, and family day care homes, seven. The seven areas in which these facilities scored the highest non-compliance ratings are:

-- Children not kept in day care longer than necessary.**

-- Written plan or schedule of daily activities.***

-- Evidence of capability to carry out plan.***

-- Operator discusses with parents child's habits, activities, schedule and development.*

-- Each child's cultural and ethnic background respected. Primary language spoken by caregiver whenever possible.***

-- School is notified of day care placement. Communication between school and caregiver in emergencies and when concerning child's total development.***

-- Facilities with 15 or more children have a parent advisory council.*

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*Centers in non-compliance/applicable only to centers.

**Family day care homes in non-compliance.

***Both centers and family day care homes in non-compliance.

0111

TABLE 3.25
IDAHO CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

II. ENSURING CONTINUING DEVELOPMENT OF CHILDREN & CONTINUITY OF HOME

1972 FDCR Item	High Non-Compliance Items by Facility Type	
	Centers (n=15)	Family Day Care Homes (n=28)
I.C.1 Children are not kept in day care longer than is necessary -- a child does not remain in care more than time parent is at and traveling to and from work, except in emergencies.		36%
.D.1 There is a written plan or schedule of daily activities for each child or group of children with similar developmental needs.	47%	96%
.D.2 There is evidence of capability to carry out daily plan, including availability of materials and equipment suitable to developmental stage of child.	53% S	68 96% S
.D.5 There is access to safe outdoor play areas.	68 33% S	36% S
I.E.1 At time of enrollment & after, as needed, operator discusses with each parent the child's habits, activities, & schedules at home or in school and parent's concerns about his further development.	73%	
I.E.2 Parents are encouraged to visit facility to observe and participate in care of their children. Operator is responsible for contacting parents to exchange information concerning the child.	68 20%	68 29% S
I.E.4 Each child's cultural & ethnic background & primary language respected by caregivers. Whenever possible, caregivers are able to speak and understand the primary language of each child.	73%	50%
I.E.5 School is notified of day care placement of school-age child. Communication between school and caregivers takes place in emergencies & other instances when child's total development can be enhanced.	53%	71%
.O.1 Each day care facility serving 15 or more children has a policy advisory council, at least 50 of which must be parents of the children served.	68p 85%	

00115

None of these requirements are currently incorporated in either the state codes or 1968 FDCR. Idaho's centers rank 4th in the region in complying with these requirements. Family day care homes rank 3rd in compliance.

Ensuring adequate nutrition and child health. Centers are out of compliance in seven of the 24 criteria that are included in this category; and family day care homes fail to meet eight of the requirements. These day care facilities most frequently failed to comply in the following areas:

-- One meal per five hours of care; two meals per nine hours or longer; snacks between breakfast and lunch, and lunch and dinner.**

-- Written and posted evacuation plan; drills at least annually.***

-- First aid treatment chart and knowledgeable personnel in such techniques.***

-- Planned source of emergency care acceptable to parents.**

-- Administering agency has written evidence that caregivers are free from TB and other communicable diseases.**

Emergency planning needs to be stressed in this state. Most of the high non-compliance items are fully covered under both the state and 1968 federal codes. Centers rank 4th among the states in the region in this area; family day care homes rank 3rd

Ensuring staff accountability, adequacy, and competence. Of the 27 specific criteria in this category, centers failed to meet 10 and family day care homes were out of compliance with 13 of the items. The 11 most frequently unmet criteria are:

-- Required number of caregiver hours, excluding volunteers.*

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*Centers in non-compliance.

**Family day care homes in non-compliance.

***Both centers and family day care homes in non-compliance.

00116

TABLE 3.26
IDAHO CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

III. ENSURING ADEQUATE NUTRITION & HEALTH

1972 FDCR Items	High Non-Compliance Items by Facility Type	
	Centers (n=15)	Family Day Care Homes (n=28)
I.G.2 At least one nutritious meal offered if child in care 5 hours; 2 meals if, 9 hours. Snack between lunch & breakfast, and lunch & dinner.	33% Sp	50%
I.H.1 Food and beverages are obtained from sources complying with local, state, and federal codes.	33%	
I.J.1 Written and posted plan for evacuation in case of fire or other disaster; caregivers aware of plan and drills given once a year.	73%	93%
I.J.2 Telephone on premises and immediately accessible. Emergency numbers are conspicuously posted or adjacent to phone.	27%*	21%
I.J.3 First aid treatment chart conspicuously posted. At least one person present understands techniques. In larger facilities, 1 caregiver per 30 children has knowledge of techniques.	68p 87% Sp	68p 96% Sp
I.J.4 Planned source of emergency medical care -- hospital emergency room or other -- known to caregivers and acceptable to parents.	68p S	68p 82% S
I.J.6 In family day care home, second adult is readily available to be summoned to assist in any emergency.	NA	68 25% S
I.J.7 Every facility includes a place where an ill or injured child can rest or play quietly apart from other children yet under adult supervision.	68 S	68 22%* S
I.O.1 Administering agency has written evidence, all who come in contact with children are free of TB, syphilis and other communicable disease.	68 40%*	68 79%*

*Region, as a whole, in compliance with 1972 FDCR item.

0117

TABLE 3.26
IDAHO CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

III. ENSURING ADEQUATE NUTRITION & HEALTH, Cont.

1962 FDCR Items	High Non-Compliance Items by Facility Type	
	Centers (n=15)	Family Day Care Homes (n=28)
I.O.2 Caregivers who have illness that may pose a threat to children should be relieved & adequate substitute arrangements made in advance.	33%	

0118

-- Evidence that each caregiver meets the health requirements specified in I.O. (TB tests, etc.)***

-- Ability to recognize and act against hazards.

-- Caregivers' willingness to increase skills.***

-- Maintaining adequate enrollment, attendance, financial and related records.**

-- Willingness to inform parents about goals, policies, and content of day care program.*

-- Such goals, policies, and activities explained; parents are counseled regarding appropriateness of day care facility for their child.*

-- Have on file names and addresses of persons authorized to take the child from the facility.***

-- Have on file names, addresses, and telephone numbers of persons to assume responsibility if parent(s) cannot be reached.**

-- Have on file a statement of health or other problems of child or family. Name and number of child's regular source of health care.**

-- Notations of communications with parents.***

Staff/child ratios do not conform exactly to the proposed 1972 ratios. None of the other areas of high non-compliance in Idaho are included in their state standards. In the area of staff adequacy compliance, Idaho's centers rank 4th and its family day care homes rank 4th.

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*Centers in non-compliance.

**Family day care homes in non-compliance.

***Both centers and family day care homes in non-compliance.

0011

TABLE 3.27
IDAHO CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

IV. ENSURING STAFF ACCOUNTABILITY, ADEQUACY & COMPETENCE

1972 FDCR Items	High Non-Compliance Items by Facility Type	
	Centers (n=15)	Family Day Care Homes (n=28)
I.L.1 Family day care home staff/child ratios	NA	68p 25% Sp
I.L.2 Regulations concerning number of caregivers on duty at a given time, regardless of number of volunteers.	68p 53% Sp	NA
I.M.1 Each caregiver must be 18 years of age and able to read and write.	27%	
I.M.3 Each caregiver must be able to provide evidence that he or she meets the health requirements specified in I.O.: Free of TB, syphilis, etc.	40%	68p 79%*
I.M.4.d Caregiver should be able to recognize and act against hazards to physical safety.	68 53% Sp	68 75% Sp
I.M.4e Caregiver should possess capacity and willingness to increase skills and competence through experience, training, and supervision.	68p 87%	68p 44%
I.N.1b Operator must maintain adequate enrollment, attendance, financial, and related records.	Sp	79% Sp
I.N.1e Operator is willing to inform parents and other interested persons about goals, policies, and content of day care program which he or she operates.	68 67%	68 Sp
I.P.1 No discrimination among children or families on the basis of race, color, creed, religion, marital status, or age of parents, sex, or nations origin.	68	68 32%*

*Region, as a whole, in compliance with 1972 FDCR item.

00120

TABLE 3.27
IDAHO CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

IV. ENSURING STAFF ACCOUNTABILITY, ADEQUACY & COMPETENCE, Cont.

1972 FDCR Items	High Non-Compliance Items by Facility Type	
	Centers (n=15)	Family Day Care Homes (n=28)
I.P.2 Goals, policies, and activities of program presented and explained to parents at time of enrollment. Parents counseled regarding appropriateness of day care facility for their child.	68 73% Sp	68 Sp
I.P.3 A clearly stated, written procedure developed by administering agency by which a parent may take grievances to that agency is presented and explained to each parent.	100%	100%
I.P.4a Operator has on file child's full legal name, birthdate, and current address, and his preferred name(s).	68p S*	68p 29% S
I.P.4b Operator has on file name and addresses of parent (or guardian) and of any other person or agency responsible for care of the child.	68p S	68p 24%* S
I.P.4d Operator has on file names and addresses of person authorized to take the child from the day care facility.	40%	56%
I.P.4e Operator has on file names, addresses, and telephone numbers of persons who can assume responsibility for the child if, in an emergency, the parent(s) cannot be reached.		68p 44% Sp
I.P.4f Operator has on file statement of any health and other special problems of child or family which might affect his attendance or participation. Name and number of child's regular source of health care.	68p Sp	52%
I.P.4g Notations of communication with parents about significant health and behavioral problems.	47%	57%

*Region, as a whole, in compliance with FDCR item.

00121

3.6.3 Oregon.

Ensuring child's physical safety. Oregon centers failed to meet seven of the 19 criteria related to physical safety. Family day care homes did not comply with six of the items. Except for the 35 square foot space requirement per child--which 38% of the centers did not meet, the non-compliance items are the same for both center and home facilities.

- -- No flammable furnishings or decorations used; flammable materials and potential poisons safely stored.
- -- The availability of fire extinguishers and emergency lighting.
- -- Fenced outdoor play areas; no swimming areas without supervision when children under age of 10 are in care.
- -- Assessment of lead content in child care facilities.
- -- Assuring absence of hazards to small children.
- -- Operators' awareness of persons with whom child may leave facility; activities child may undertake without direct supervision; and methods to request out-of-facility activities.

Oregon's state codes partially cover the first and third items in this category. "Assuring absence of hazards" is, of course, implied in both the state and 1968 FDC requirements. Otherwise, these criteria are not specifically defined in either set of standards. Oregon's centers rank 4th in the region in complying with these criteria. Family day care homes rank 2nd.

Ensuring the continuing development of children and continuity with home. Of the 13 criteria defining this category, Oregon centers and family day care homes did not comply in seven areas. Only family day care homes (31%) failed to comply with the item regarding length of time in care. Only centers (67%) did not meet the criterion requiring a parent advisory council when enrolling 15 or more children, since this is not mandatory under 1968 FDCR unless 40 or more children are enrolled.

00122

TABLE 3.28
OREGON CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

I. ENSURING CHILD'S PHYSICAL SAFETY

1972 FDCR Item	High Non-Compliance Items by Facility Type	
	Centers (n=16)	Family Day Care Homes (n=96)
..F.2 No highly flammable furnishings or decorations used. Flammable materials and potential poisons in storage accessible only to authorized persons.	31%*	20%*
1. .3 An approved, working fire extinguisher available and emergency lighting available in case of power failure.	25% Sp	73%
1.B.5 Outdoor play areas fenced from unsafe areas. Children under 10: no ponds or swimming areas without supervision.	25% S	42%
..b.. Paint coatings evaluated to assure absence of lead on premises where care is provided children under age .	50%	73%
..b.4. 35 square feet indoor space per child, exclusive of halls, bathrooms, etc.; or limited indoor space offset by outdoor space if shelter and climate permit reliable use of such space for activities normally conducted indoors.	38% S	
..c.1 Day care activities and premises do not expose children to hazardous situations, per age of child.	25% S	52%
..c.2 Operator aware of parents' wishes concerning: persons with whom child may leave facility; activities child may undertake without direct supervision; what method of request may be used by school-age child for out-of-facility activities.	44%	20%

*Region, as a whole, in compliance with FDCR item.

The other areas in which both types of facilities failed to comply are:

-- Written plan or schedule of daily activities.

-- Evidence of capability to carry out plan.

-- Access to safe outdoor play areas.*

-- Operator discusses with parents child's habits, activities, schedules, and development.

-- Each child's cultural and ethnic background respected. Primary language spoken by caregiver whenever possible.

-- School is notified of day care placement. Communication between school and caregiver in emergencies and when concerning child's total development.

Five of the items are not covered by the state or 1968 FDC requirements, to the degree of specificity described in 1972 FDCR. Oregon centers rank 1st among the states in this area of compliance, and 2nd for family day care home compliance.

Ensuring adequate nutrition and child health. The two areas in which Oregon's centers did not comply are (a) having a written and posted evacuation plan and/or conduct of yearly evacuation drills (69%); and (b) adequate substitute arrangements for ill staff members (44%). Family day care homes failed to comply in six of the 24 areas:

-- One meal per five hours of care; two per nine hours or longer; snacks between breakfast and lunch, and lunch and dinner.

-- Written and posted evacuation plan and/or yearly evacuation drills.

-- Telephone on premises and easily accessible emergency phone numbers.

-- Planned source of emergency medical care acceptable to parents.

-- Isolation facilities for ill or injured children with adult supervision.

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*Measured strictly by the presence or absence of fencing.

00121

TABLE 3.29
OREGON CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

II. ENSURING CONTINUING DEVELOPMENT OF CHILDREN & CONTINUITY OF HOME

1972 FDCR Item	High Non-Compliance Items by Facility Type	
	Centers (n=16)	Family Day Care Homes (n=96)
I.C.1 Children are not kept in day care longer than necessary -- a child does not remain in care more than time parent is at and traveling to and from work, except in emergencies.		31%
I.D.1 There is a written plan or schedule of daily activities for each child or group of children with similar developmental needs.	25%	97%
I.D.2 There is evidence of capability to carry out daily plan, including availability of materials and equipment suitable to developmental stage of child.	38% S	68 59%
I.D.3 There is access to safe outdoor play areas.	68 25% S	42%
I.E.1 At time of enrollment and after, as needed, operator discusses with each parent the child's habits, activities, and schedules at home or in school and parent's concerns about his further development.	69%	20%
I.E.4 Each child's cultural and ethnic background and primary language respected by caregivers. Whenever possible, caregivers are able to speak and understand the primary language of each child.	25%	75%
I.E.5 School is notified of day care placement of school-age child. Communication between school and caregivers takes place in emergencies and other instances when child's total development can be enhanced.	56%	59%
I.G.1 Each day care facility serving 15 or more children has a policy advisory council, at least 50% of which must be parents of the children served.	68p 67%	

TABLE 3.30
OREGON CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

III. ENSURING ADEQUATE NUTRITION & HEALTH

1972 FIDCR Items	High Non-Compliance Items by Facility Type	
	Centers (n=16)	Family Day Care Homes (n=96)
1.6.2 At least one nutritious meal offered if child in care 5 hours; 2 meals if, 9 hours. Snack between lunch & breakfast, and lunch & dinner.		30%
1.1.1 Written and posted plan for evacuation in case of fire or other disaster: caregivers aware of plan and drills given one a year.	69%	70%
1.1.2 Telephone on premises and immediately accessible. Emergency numbers are conspicuously posted or adjacent to phone.		33%
1.1.3 First aid treatment chart conspicuously posted. At least one persone present understands techniques. In larger facilities, 1 caregiver per 30 children has knowledge of techniques.	68p Sp	68p 74%
1.1.4 Planned source of emergency medical care -- hospital emergency room or other -- know to caregivers and acceptable to parents.	68p S	68p 27%
1.1.6 In family day care home, second adult is readily available to be summoned to assist in any emergency.	NA	68 24%
1.0.3 Caregivers who have illness that may pose a threat to children should be relieved and adequate substitute arrangements made in advance.	44%	

09126

TABLE 3.31
OREGON CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

IV. ENSURING STAFF ACCOUNTABILITY, ADEQUACY & COMPETENCE

1972 FDCR Item	High Non-Compliance Items by Facility Type	
	Centers (n=16)	Family Day Care Homes (n=96)
I.L.1 Family day care home staff/child ratios		68p 22%
I.L.2 Regulations concerning number of caregivers on duty at a given time, regardless of number of volunteers.	68p 33% Sp	NA
I.M.1 Each caregiver must be 18 years of age and able to read and write.	38%	
I.M.4d Caregiver should be able to recognize and act against hazards to physical safety.	68p	68 52%
I.M.4e Caregiver should possess capacity and willingness to increase skills and competence through experience, training and supervision.	68p 81%	68p 61%
I.N.1b Operator must maintain adequate enrollment, attendance, financial, and related records.		63%
I.N.1e Operator is willing to inform parents and other interested persons about goals, policies, and content of day care program which he or she operates.	68 25%	
I.P.2 Goals, policies, and activities of program presented and explained to parents at time of enrollment. Parents are counseled regarding appropriateness of day care facility for their child.	68 69%	68 20%
I.P.3 A clearly stated, written procedure developed by administering agency by which a parent may take grievances to that agency is presented and explained to each parent.	100%	100%

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TABLE 3.31
OREGON CENTER & FAMILY DAY CARE HOME
COMPLIANCE TABLE

IV. ENSURING STAFF ACCOUNTABILITY, ADEQUACY & COMPETENCE, Cont.

1972 FDCR Items	High Non-Compliance Items by Facility Type	
	Centers (n=16)	Family Day Care Homes (n=96)
I.P.4d Operator has on file names and addresses of persons authorized to take the child from the day care facility.	25% S	
I.P.4f Operator has on file statement of any health and other special problems of child or family which might affect his attendance or participation. Name and number of child's regular source of health care.		22%
I.P.4g Notations of communication with parents about significant health or behavioral problems.	31%	75%

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Each item, except the need for evacuation plans and drills, is fully covered by Oregon state codes and 1968 FDCR. Both Oregon centers and family day care homes rank first in the region on these criteria.

Ensuring staff accountability, adequacy, and competence. Discounting the requirement of having a formal grievance procedure (which is the responsibility of the administering agency to develop), both centers and family day care homes were out of compliance in seven of the 27 areas included in this category. The five areas in which non-compliance was greatest are:

-- Ability to recognize and act against hazards.**

-- Willingness to increase skills.***

-- Maintaining adequate enrollment, attendance, financial and related records.**

-- Program goals, policies and content explained and parents counseled ragarding appropriateness of facility for their child.*

-- Notations of communications with parents.

Only two of these requirements are currently covered under state and federal codes. Oregon ranks evenly with Washington in having the fewest criteria in this category unmet. Oregon's family day care homes rank 2nd.

3.6.4 Washington.

Ensuring child's physical safety. Of the 19 items comprising this category, 20% or more of the centers did not meet three; family day care homes, six. Four of the items were highly out of compliance:

-- The availability of fire extinguishers and emergency lighting.**

-- Assessment of lead content in child care facility.**

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*Centers in non-compliance.

**Family day care homes in non-compliance.

***Both centers and family day care homes in non-compliance.

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TABLE 3.32
WASHINGTON CENTERS & FAMILY DAY CARE HOMES
COMPLIANCE TABLE

I. ENSURING CHILD'S PHYSICAL SAFETY

1972 FDCR Item	High Non-Compliance Items by Facility Type	
	Centers (n=24)	Family Day Care Homes (n=129)
I.B.3 An approved, working fire extinguisher available. Emergency lighting available in case of a power failure.	25% S	68%
I.B.5 Outdoor play areas fenced from unsafe areas. Children under 10: no ponds or swimming areas without supervision.	S	22%
I.B.7 Paint coatings evaluated to assure absence of lead on premised where care is provided children under age 6.	25%	44%
I.I.1 Day care activities and premised do not expose children to hazardous situations per age of child.		39%
I.K.1 Daily attendance records kept and all absences discussed with parents.	Sp	24% Sp
I.K.2 Operator is aware of parents' wishes concerning: persons with whom child may leave facility; activities child may undertake without direct supervision; what method of request may be used by school-age child for out-of-facility activities.	58% Sp	22% Sp

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-- Assuring absence of hazards to small children.**

-- Operators' awareness of persons with whom child may leave facility; activities child may undertake without direct supervision; and methods to request out-of-facility activities.*

1968 FDCR does not include specific items of physical plant and child safety; rather, they refer to "requirements of appropriate safety authorities." Both the state and federal codes, of course, intend that facilities shall be "free of hazards." There are no current requirements specifically detailing items one and three. On physical safety items, Washington ranks 1st among the centers and family day care homes in the region.

Ensuring continuing development and continuity with home. Centers failed to comply with eight of the 13 items in this category. Areas of highest non-compliance are:

-- Operator discusses with parents child's habits, activities, schedule,and development.

-- Facilities enrolling 15 or more children have a parent advisory council.

Family day care homes scored poorest on the following criteria:

-- Having a written plan or schedule of daily activities.

-- Evidence of capability to carry out plan.

-- Child's cultural and ethnic background respected; caregiver able to speak primary language whenever possible.

-- School is notified of day care placement. Communication between school and caregiver in emergencies and when concerning child's total development.

These areas of non-compliance are not specifically outlined in Washington's codes, and/or have been altered considerably in the 1972 FDCR (e.g., parent advisory council required by facilities enrolling 15 or more children compared to the requirement for such councils in facilities with 40 or more children under 1968 FDCR). Washington centers rank 2nd in

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TABLE 3.33
WASHINGTON CENTERS & FAMILY DAY CARE HOMES
COMPLIANCE TABLE

II. ENSURING CONTINUING DEVELOPMENT OF CHILDREN & CONTINUITY OF HOME

1972 FDCR Items	High Non-Compliance Items by Facility Type	
	Centers (n=24)	Family Day Care Homes (n=129)
I.D.1 There is a written plan or schedule of daily activities for each child or group of children with similar developmental needs.	21%	92%
I.D.2 There is evidence of capability to carry out daily plan, including availability of materials and equipment suitable to developmental stage of child.	25% Sp	71% S
I.D.4 Infants and toddlers allowed (under supervision) to move about freely and to explore surroundings for substantial periods of each day.*	66%	See Discussion
I.D.5 There is access to safe outdoor play areas.	68 S	22% S
I.E.1 At time of enrollment and after, as needed, operator discusses with each parent the child's habits, activities, and schedules at home or in school and parent's concerns about his further development.		26%
I.E.2 Parents encouraged to visit facility to observe and participate in care of their children. Operator is responsible for contacting parents to exchange information concerning the child.	68	68 33%
I.E.4 Each child's cultural and ethnic background and primary language respected by caregivers. Whenever possible, caregivers are able to speak and understand the primary language of each child.	38%	76%
I.E.5 School is notified of day care placement of school-age child. Communication between school and caregivers takes place in emergencies and other instances when child's total development can be enhanced.	25%	44%
I.Q.1 Each day care facility serving 15 or more children has a policy advisory council, at least 50% of which must be parents of the children served.	68p 68%	

*n=7 centers

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TABLE 3.33
WASHINGTON CENTERS & FAMILY DAY CARE HOMES
COMPLIANCE TABLE

II. ENSURING CONTINUING DEVELOPMENT OF CHILDREN & CONTINUITY OF HOME, Cont.

1972 FDCR Items	High Non-Compliance Items by Facility Type	
	Centers (n=24)	Family Day Care Homes (n=129)
I.Q.2 The policy advisory council shall approve project grant applications for Federal operating funds before submission.	68 22%*	

*Region, as a whole, in compliance with FDCR item.

compliance with the group of criteria and 1st in family day care home compliance.

Ensuring adequate nutrition and child health. Twenty percent or more Washington centers failed to meet eight of these 24 criteria. However, only one item was highly out of compliance--having fire extinguishers and conducting evacuation drills. This requirement is fully covered under the state's own codes.

Family day care homes did not comply with six of the criteria in this category. The three items which were unmet most frequently are:

-- Written and posted evacuation plan; annual drills.

-- First aid treatment chart and knowledge of techniques.

-- Planned source of emergency medical care acceptable to parents.

Each of these items is provided for in the current state and/or federal codes. Washington and family day care homes rank 2nd in compliance with these requirements.

Ensuring staff accountability, adequacy, and competence. Both centers and family day care homes were out of compliance with eight of the 27 items in this category. The three areas in which centers had the highest non-compliance scores are:

-- Caregiver must be 18 years old; able to read and write.

-- Willingness to increase skills.

-- Goals, policies and activities explained and parents counseled regarding the appropriateness of the day care facility for their child.

Family day care homes were weakest in the following areas:

-- Ability to recognize and act against hazards.

-- Maintaining adequate enrollment, attendance, financial and related records.

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TABLE 3.34
WASHINGTON CENTERS & FAMILY DAY CARE HOMES
COMPLIANCE TABLE

III. ENSURING ADEQUATE NUTRITION & HEALTH

1972 FDCR Item	High Non-Compliance Items by Facility Type	
	Centers (n=24)	Family Day Care Homes (n=129)
I.G.1 If possible, information provided by parents as to child's eating habits, food preferences, or special needs should be considered.	25%*	
I.G.2 At least one nutritious meal offered is child is in care 5 hours; 2 meals if, 9 hours. Snack between lunch & breakfast and lunch & dinner.	25% Sp	24% Sp
I.G.3 Food is not used as a punishment or reward. Children are encouraged but not forced to eat.	25%*	
I.G.4 Infants are fed or supervised individually and their diet is appropriate to their special developmental needs.	25%* S	
I.H.1 Food and beverages are obtained from sources complying with local, state, and federal codes.	25% S	
I.J.1 Written and posted plan for evacuation in case of fire or other disaster; caregivers aware of plan and drills given once a year.	67% Sp	90%
I.J.2 Telephone on premises and immediately accessible. Emergency numbers are conspicuously posted or adjacent to phone.		26%
I.J.3 First aid treatment chart conspicuously posted. At least one person present understands techniques. In larger facilities, 1 caregiver per 30 children has knowledge of techniques.	68p 29% S	68p 80% Sp
I.J.4 Planned source of emergency care -- hospital emergency room or other -- known to caregivers and acceptable to parents.	68p S	68p 43% S

*Region, as a whole, in compliance with 1972 FDCR item.

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TABLE 3.34
WASHINGTON CENTERS & FAMILY DAY CARE HOMES
COMPLIANCE TABLE

III. ENSURING ADEQUATE NUTRITION & HEALTH, Cont.

1972 FDCR Items	High Non-Compliance Items by Facility Type	
	Centers (n=24)	Family Day Care Homes (n=129)
I.J.8 No medicines or drugs administered to any child except with written permission of parent. All medicines or drugs clearly labeled and sto safely stored.	Sp	25%* Sp
I.O.2 Caregivers who have illness that may pose a threat to children should be relieved and adequate substitute arrangements made in advance.	33%	

*Region, as a whole, in compliance with 1972 FDCR item.

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-- Notations of communication with parents.

Washington standards allow 16-year-olds to provide care under the direct supervision of an adult. There is no state or federal code currently requiring (1) willingness to upgrade skills, (2) parent counseling, or (3) notations of parent communications. Other record keeping is required under this state's standards.

Washington centers ranked first, along with Oregon, on items concerning staff accountability. Its family day care homes ranked 1st, also.

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TABLE 3.35
WASHINGTON CENTERS & FAMILY DAY CARE HOMES
COMPLIANCE TABLE

IV. ENSURING STAFF ACCOUNTABILITY, ADEQUACY & COMPETENCE

1972 FIDCR Item	High Non-Compliance Items by Facility Type	
	Centers (n=24)	Family Day Care Homes (n=129)
I.L.1 Family day care home staff/child ratios	68p 36% Sp	
I.L.2 Regulations concerning number of caregivers on duty at a give time, regardless of number of volunteers.	68p 33% Sp	
I.M.1 Each caregiver must be 18 years of age and able to read and write.	50% S	
I.M.4d Caregiver should be able to recognize and act against hazards to physical safety.	68 21% Sp	68 51% Sp
I.M.4e Caregiver should possess capacity and willingness to increase skills and competence through experience, training, and supervision.	68p 50%	68p 37%
I.M.1b Operator must maintain adequate enrollment, attendance, financial, and related records.	Sp	50% Sp
I.M.1e Operator is willing to inform parents and other interested persons about goals, policies, and content of day care program which he or she operates.	68 38%	68
I.P.2 Goals, policies, and activities of program presented and explained to parents at time of enrollment. Parents are counseled regarding appropriateness of day care facility for their child.	68 54%	26%
I.P.3 A clearly stated, written procedure developed by administering agency by which a parent may take grievances to that agency is presented and explained to each parent.	96%	100%

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TABLE 3.35
WASHINGTON CENTERS & FAMILY DAY CARE HOMES
COMPLIANCE TABLE

IV. ENSURING STAFF ACCOUNTABILITY, ADEQUACY & COMPETENCE, Cont.

1972 FDCR Item	High Non-Compliance Items by Facility Type	
	Centers (n-24)	Family Day Care Homes (n=129)
I.P.4d Operator has on file names and addresses of persons autorhized to take the child from the day care facility.	S	22% S
I.P.4e Notations of communication with parents about significant health and behavioral problems.	25%	68%

3.7 SUMMARY

This chapter has analyzed the current quality of federally supported day care services being provided in Region X. The basis of quality determination was the proposed 1972 Federal Day Care Requirements. Because the 1972 FDCR are are more detailed than the 1968 requirements it was anticipated that there would be a high level of non-compliance with many of the items. A somewhat arbitrary figure of 20% or more facilities out of compliance was used to indicate FDCR items which will require particular attention by administering agencies when implementing the 1972 FDCR.

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CHAPTER IV

THE ROLE OF STATES IN ASSURING QUALITY DAY CARE

Within each of the Region X states, there is a dual licensing procedure for day care: state standards for the general public and Federal Day Care Requirements (FDCR) for federally funded children. The first section of this chapter presents the major points of each state's licensing standards compared to the proposed 1972 FDCR. The second section examines the proposed state standards for Washington and Oregon.* For each section and state, the following code requirement areas are discussed: (a) in-home care (under the introduction for each state), (b) staff competency, (c) program requirements, including an examination of staff/child ratios, (d) building and premises standards, and (e) other special components (i.e., parent participation, record keeping, etc.). These particular requirement areas are presented to illustrate the discrepancies and similarities between the state and federal standards.

The third section is devoted to studying each state's administering agency practices. Of particular concern are: (a) the licensing and monitoring function, (b) planning and coordination, (c) arranging supportive services, (d) staff training, and (e) parent participation.

Opinions of the licensing process, its administration, and value as viewed by center and day care home operators are presented in the fourth section. Matrices showing state vs. federal requirements are presented in Appendix A.

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*Idaho instituted new standards in October, 1972, and these are incorporated in the first section. Alaska's revised standards are still formative in nature and therefore are not included.

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4.1 A COMPARISON OF STATE AND FEDERAL DAY CARE REQUIREMENTS IN REGION X

Alaska.

The Alaska requirements apply to both family day care homes and day care centers. Licensing is permanent but may be revoked for cause. Like the 1968 FDCP, there are no specific requirements for in-home care providers, except to have a physical examination and to be interviewed by local office staff if they are a non-relative. The state is formulating a plan to improve in-home care and has requested authority to certify these providers (permissive) for the general public.

Staff Competency. Alaska's requirements for minimum age, education, and physical health all are within the standards proposed in 1972 FDCR with one exception. The federal provision for additional education or experience required of operators in centers caring for thirty or more children is not covered in this state's standards. Alaska does include, however, the additional requirement that all caregivers must provide character references. This point was recommended by many users and providers of day care in all four states in the region.

Program requirements including staff/child ratios. Program requirements in Alaska code are rather minimal compared to 1972 FDCR. They do encompass the need to allow children to express individual interests in addition to having group experiences, but emphasis seems to be placed on routinization of daily activities.

The nutrition component specifically states the types and amounts of food to be served in order to provide one-third of a child's minimum daily requirements. There is also a daily health inspection of each child before he is allowed to enter the group; a requirement not specified in the federal standards.

The state recommends that a staff ratio of 1:5 be maintained when children under three years old are cared for and further recommends that specific personnel be responsible for care of children under three. The 1968 FDCP provides that the state standard for children under three years of age be used where developed. Relative to 1972 FDCR, Alaska's staff/child ratio requirements are more lenient regarding three year old children in centers. Although the state recommends a 1:5 ratio for those less

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than three years of age, this would allow two children more per caregiver than FDCR permits for the 0-18 months category; and one more for the 19-54 months age group. The overall requirement also fails to comply with 1972 FDCR as far as care provided to children aged three to four and one-half years. In this case, Alaska's standards permit more children per staff than it does within the younger age categories.

In the family day care home setting, the Alaska code makes no age differentiation but does restrict the number of children in care by including the provider's own children in the ratio. Unless the number of children under age three can be determined, no statement can be made regarding 1972 FDCR compliance.

Building and premises requirements. Alaska state standards for centers regarding the amount of space required per child is five square feet less than the comparable federal requirement. This, of course, would have implications on the number of children allowed in care. Other building and premises requirements are at least as specific in the Alaska code as in the 1972 FDCR. The federal requirement calling for fire extinguishers and evacuation drills may or may not be covered under the "state and local fire protection regulations" (to which child care facilities must conform according to the state's day care standard).

Parent participation. The Alaska state requirements make no provision for formal parent involvement in day care facility planning, operation, or evaluation.

Record keeping. Day care operators are required by Alaska law to maintain all of the FDCR-required records regarding vital statistics of the child, parent information, and whom to contact when parents cannot be reached. The requirement for health records varies from FDCR since an evaluation at time of enrollment and yearly thereafter for all age groups is mandatory, whereas 1972 FDCR would require six-month evaluations for children under three years of age. The state code makes no provision for dental records.

Summary. Problem areas to be encountered in Alaska, if and when 1972 FDCR becomes effective, will be the staff/child ratio, amount of space per child, and staff competency (in centers enrolling thirty or more children). The combination of higher staff/child ratios and the

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increased space requirements would surely influence an operator's willingness to be federally certified. Many would probably prefer state licensing since 1972 FDCR compliance would increase their operational costs, as well as decrease income due to reduced tuition payments and the possible need to hire additional staff.

The Greater Anchorage Area Borough also licenses day care centers. Their requirements do not relate to the developmental and educational components of the center but do cover all other aspects.

A recent factor in Alaska licensing was the enactment of a Pre-elementary (Early Childhood) School Act. A pre-elementary school is defined as a program whose primary function is education for children of ages three to five years. Many licensed day care centers have declared themselves educational institutions and, thus, subject to the requirements of the act. This has limited the number of centers in which federally funded children can be placed. The primary difference between the pre-elementary school act and 1972 FDCR is the staff/child ratio. The pre-elementary school act requires only adequate staff with a minimum of two "adults" per building, including volunteers over nineteen years old or students in a training program who are over sixteen years old.

With 1972 FDCR the necessity of formal parent involvement in center programming would have to be dealt with in this state. Also, the provision for biannual physical examinations of children under three is not covered in this state's requirements.

4.1.2 Idaho.

The Idaho requirements apply to family day care homes and day care centers (group day care homes are treated as centers). Licensing is for a period of one year, except for revocation for cause. Requirements for in-home care relate primarily to the relationship between parent and the provider, emergency situations, physical ability to handle the children in care, and the provision of alternate care. Idaho has a minimum age requirement of sixteen years old. The revised state standards were implemented on October 1, 1972.

Staff competency. Idaho's standards make no mention of age, educational or experience of child care providers in any day care setting. A general statement that day care

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parents be physically and mentally able to work with unrelated children is included in the state code. The thrust of its standard is aimed at the operator's ability to assure continuance of a program at a minimal level even during periods of reduced income.

Program requirements including staff/child ratios. The state's program requirements apply primarily to centers only. For family day care homes, the only program-related standards relate to the provision of a variety of play materials and equipment with emphasis on materials to stimulate activity on the part of the child, rather than mechanical materials that suggest unimaginative use. The centers are to have planned, daily activities, although a written plan is not specified. Idaho's standards also allow routinized programming for both socialization and individual activities.

Nutrition, rest, and health components fall well within the 1972 FDCR.

The state would have to considerably change its staff/child ratios before reaching 1972 FDCR. Its 1:6 ratio requirement hardly complies with the federal's 1:3 for 0-18 month old infants. Furthermore, Idaho law (compared to 1972 FDCR) permits four additional children per caregiver for those aged 19 to 30 months, six extra for ages 30 to 35 months, and three extra for ages 36 to 53 months.

There are no specified ratio requirements for school-age children in this state.

Building and premises requirements. As with Alaska, Idaho's state standard calls for less space per child (in centers) than does the proposed federal standard -- 25 vs. 35 square feet per child. Idaho's space requirements also specify the amount of outdoor space per child, by age groupings.

The Idaho requirement for local fire department approval does not indicate whether fire extinguishers on the premises are required. There appears to be no provision for evacuation drills.

Idaho's standards regarding sanitation are more definitive than 1972 FDCR. For example, the state requirement calls specifically for one toilet and washstand per fifteen children, whereas, the federal code states there shall be "adequate" toilets and handwashing facilities. Whether or not Idaho's 1:15 requirement is, in fact, "adequate" will depend primarily upon the judgment of individual licensing workers.

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Parent participation. There is no state requirement regarding formal parent involvement in any of the day care settings.

Record keeping. Except for having no requirements regarding health and innoculation records, all other record-keeping standards set forth in the 1972 FDCR are met under Idaho's code.

Summary. Idaho's state standards are grossly out of line as far as staff/child ratios are concerned. There also may be problems in staff competency, given the incompleteness of the personnel qualification requirement. The space per child standard (ten square feet less per child than stated in 1972 FDCR) may serve as a deterrent to center operators in seeking federal certification. This would most certainly be the case if coupled with the necessity to hire additional staff. Idaho will also have to up-grade its record keeping, and institute some mechanism to involve parents in day care activities.

4.1.3 Oregon.

Oregon statutes require state licensing of anyone who cares for five or more children. This, of course, basically limits licensing to group homes and day care centers. Licenses are granted for a period of one year, but may be revoked for cause at any time.

The Oregon policies regarding in-home care are similar to 1972 FDCR requirements. A significant difference is in age requirements. The emphasis in the Oregon policy is on the mental and emotional development and functioning of the caregiver. While not specifically stated, it is possible to be a caregiver and be under sixteen years old. The policies also limit the number of children to six, and specify factors of caregiver responsibility, including safety of the house itself and arranging for care in case of illness or emergency.

Staff competency. Oregon's state standards make only a broad statement that child care staff members must be of good character and have the ability to work with children. There are no age, educational, or experience specifications. Annual physical examinations, including TB tests, are required for all paid and volunteer staff.

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Program requirements including staff/child ratios. The scope of program components is very limited, specifying only that suitable play materials be chosen for the age group of children in care.

There are state requirements for "proper and adequate" nutrition (specifying lunch as well as morning and afternoon snacks) and a provision for "rest periods as needed."

This state also requires daily inspection of children before being allowed to join the group. Provisions for isolation and emergency care are made in the state's codes.

Oregon would have to institute massive up-grading of its 1:10 staff/child ratio (see the discussion of Oregon's proposed day care standards revisions, page 4-18). By assuming that the center director must devote at least part of his time to administration, management, or other duties, Oregon requires a minimum of one assistant to the director for each ten children. There are no age groupings identified under current state codes which require special ratio considerations, except for the stipulation that children under two years of age are to be supervised by separate staff. Therefore, Oregon's own state requirements, as they are currently enforced, are far from meeting 1972 FDCR for children up to four and one-half years old. After that age, the state is well within compliance, especially as far as school-age children are concerned.

Building and premises requirements. Oregon's square feet per child requirement meets the federal standard. The requirement for state fire marshal approval does not indicate if having fire extinguishers is included in the requirements. There is no provision for the conduct of evacuation drills. Sanitation, safety, and comfort requirements are within the proposed federal standards.

Parent participation. There is no state requirement for formal parent involvement in day care operations in Oregon.

Record keeping. All records required under 1972 FDCR are included in Oregon's standards. There is, however, no requirement for re-evaluating health and innoculation status every six months for children under three years old.

Summary. Meeting 1972 FDCR staff/child ratio requirements will be the main obstacle for providers in the group home and center settings. Again, operators' inability or unwillingness to incur the necessary additional expense to increase their staffs to meet FDCR standards may reduce the number of facilities available for care of federally supported children. Educational or work experience qualifications may have to be upgraded in centers with thirty or more children. The associated higher personnel costs may also prevent these operators from seeking federal certification. Formal parent involvement policies will need to be incorporated into Oregon's state licensing codes.

4.1.4 Washington.

Washington has the most detailed state requirements in the region. The majority of the requirements are highly specific, and apply to any person or organization offering day care to a group of children (in-home care excluded).

The in-home caregiver is specifically required to provide care equivalent in quality to that expected of a family day care mother. The provider must be at least eighteen, free of communicable diseases, and must furnish written evidence from a medical authority that she is in sufficient physical, emotional, and mental health to carry out the responsibilities of a day care provider. The standards call for the caregiver to provide appropriate activities for the children and to plan these activities with the parent. The state code also requires knowledge of basic first aid.

Staff competency. The personnel statement pertains to caregivers in all settings. The age requirements address center personnel, as do the educational and experience standards. All are within compliance of the 1972 FDCR. The state's TB test requirement (every two years) would not meet the federal standard requiring annual tests.

Program requirements including staff/child ratio. Washington's standards call for a planned (though not written), balanced program geared to the growth and developmental needs of children. It encompasses active/quiet, indoor/outdoor, and group/individual activities, and components of nutrition, rest, and health--all as required by the federal standards.

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The state's requirements regarding staff/child ratios for centers are far from 1972 FDCR compliance. The standard for infants allows two more children per caregiver than the federal requirement, and only includes infants to twelve months of age. Infants between twelve and eighteen months (as covered by FDCR) would be increased by four per caregiver. The staff/child ratio for children between the ages of 19 and 53 months exceeds compliance by three children per caregiver. The state provision for a 1:10 ratio applies for each group of ten children or major portion thereof (defined as six or more children). Thus, for the second group of 10 children on the premises, a ratio of 1:16 would be permissable. This ratio is not applicable under federal standards until children reach nine years of age.

Family and group day care homes would be out of compliance if two children under age two years are in care.

The Washington statutes require that if a home is licensed for more than six children, the provider is required to have an assistant at least half of the time. If before and after school care is provided for periods not exceeding three hours, these children shall not be included in the quota of children permitted (as long as no more than ten children under the age of twelve are on the premises at any given time).

Building and premises requirements. Indoor space requirements meet those proposed in 1972 FDCR. In addition, there are outdoor space requirements. Evacuation drills are specified; and, as stated, may occur even more frequently than once a year. Fire extinguishers are also mandatory. Sanitation codes are very definitive; and, as in Idaho, even specify the ratio of toilets to children.

Parent participation. There is no provision for parent involvement.

Record keeping. With the exception of updated health and innoculation records every six months for children less than 36 months old, Washington standards meet all of those specified in 1972 FDCR.

Summary. Staff-to-child ratio requirements would provide the only difficulty to operators seeking federal certification in this state. (See discussion of Washington's proposed revised standards, page 4-13).

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4.2 PROPOSED STATE LICENSING STANDARDS

All four of the states have either proposed changes in their licensing regulations or have recently completed the revision process. Idaho instituted new standards that were effective in October, 1972--these revised licensing codes were reviewed in the previous section. Alaska is planning for modifications in their licensing standards; however, they are not available for inclusion in this report. The Oregon and Washington revisions are discussed in this section

4.2.1 Washington.

The Washington Administrative Code (WAC 388-0049) requires the periodic review (at least every two years) of minimum licensing requirements. The review must be conducted in consultation with the Family and Children's Services/Day Care Advisory Committee of the Department of Social and Health Services and with representatives of the various types of agencies to be licensed.

Though the draft proposal of the changes in minimum day care licensing requirements is presented in this section, it is possible that these changes will not be adopted in the form presented. To enable comparative analysis of the trends, areas similar to the earlier section will be detailed.

Staff competency requirements.

Proposed

-- The operator shall be 21 years of age.
-- The operator shall have necessary skills to administer center.

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-- The program supervisor shall be at least 21 years of age. The program supervisor must have at least two years of experience in child care and 45 college quarter credits or equivalent in child growth and development. The director and program supervisor can be one and the same person, if qualified for both positions.
-- Child care workers shall be 18 years of age.
-- Child care workers must be of good character and not have been convicted of an offense against children.
-- Child care workers shall be in good physical and mental health and shall be competent to deal with practical problems of child care.
-- Staff must pass physical exams. An RN or LPN is required whenever children under one year are in care.
-- In-service training program must exist to upgrade staff skills.

Under the proposed standards, a center would be required to have as "program supervisor," a person with a minimum of two years' child care experience plus 45 college quarter credits (or equivalent) as opposed to the current requirement for "at least one staff member with three years' child, group care experience." This supervisor must also be 21 years old (as should be the "operator/owner," if they are not the same person). No staff member may have been convicted of a crime against children--an area that, although not "spelled out" in the current codes, is probably investigated at the present time. The administrative skills of the operator are stressed; and he may act in the capacity of program supervisor, if qualifed to perform both jobs. Also introduced in the revised standards are required in-service training programs to upgrade staff skills. The nurse requirement for children under one year is not new. However, the nurse requirement for children 12-30 months in age has been deleted.

Program requirements.

Proposed

The infant care program must include:

-- Exercise.
-- Large and small muscle development.
-- Crawling and exploring.
-- Sensory stimulation.
-- Social interaction.
-- Communication development.

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-- Self-help skills.
-- Toys and equipment suitable for infant care.

The toddler and pre-school program must include:

-- Large muscle development.
-- Intellectual development.
-- Sensory awareness.
-- Language skills.
-- Eye-hand coordination.
-- Awareness of cause and effect.
-- Problem solving skills.
-- Social-emotional development.
    -- Self respect.
    -- Positive social relationships.
    -- Self help skills.
    -- Self control.
    -- Decision making.
    -- Trust.
    -- Sharing.
-- Personal hygiene and health habits.

The school age program must include:

-- Separate programs appropriate to children's ages.
-- Arts and crafts.
-- Organized games and sports.
-- Homework and quiet activities.
-- A general program that
    -- Meets the developmental needs of age groups of children.
    -- Considers cultural background of individual children or groups of children.
    -- Balances free play and organized activities.
    -- Promotes individual contact between staff and child.
    -- Provides sufficient quantity and variety of equipment.
    -- Use discipline that is remedial rather than punitive.

The proposed revisions for center programming are relatively specific. The current codes only vaguely outline developmental experiences, that should be planned for the child(ren), and types of materials or equipment necessary for the realization of such plans.

Family and group day care operators also are to be required to develop a planned program, with group and individual activity components. Considerations are to be given to the physical, mental, and social development of the children in care, and to providing a variety of "suitable" indoor and outdoor equipment to promote such growth.

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Staff/child ratios.

Current	Proposed
1:5 (up to one year)	1:4 (up to 2 1/2 years)
1:7 (1 to 2 1/2 years)	1:10 (2 1/2 to 5 years)
1:10 (2 to 14 years with a minimum of 2 staff whenever more than 10 children are in care)	1:15 (6 years or older)

A director of a center enrolling fifty or more children may not count as a member of the child-care staff except in an emergency. The "major portion" (six or more children) provision is stricken, and an additional child care staff member is required for each fraction over the established ratio for each age category (e.g., if six infants were in care, two child care staff would be required).

Even with the revised staff/child ratios, Washington will not meet the proposed federal requirements. FDCR has more age groupings with corresponding ratio requirements than Washington, thus, creating a large gap between the federal and state standards. From the outset, Washington would be out of compliance from the mere fact its codes will allow one staff to five infants (FDCR, 1:3)--in addition to the fact that Washington's requirement includes children up to age 29 months (FDCR, 18 months). The gap persists between the ages one and one-half to four and one-half years. Where the state code would permit a 1:5 ratio at 18 months, FDCR allows 1:3; however, FDCR at age 19 months--reduces the ratio to 1:4, through age 35 months. Therefore, Washington's 1:5 ratio through age 29 months still would be out of compliance, but not as grossly as with the younger infants. Again, Washington loses a bit of ground between the ages of 30 and 53 months with its required ratio set at 1:10 and FDCR's at 1:7. Not until age four and one-half does Washington meet FDCR compliance (1:10), and then only for the short span between ages four and one-half through five years. After age six, the state code would allow a 1:15 ratio, whereas, FDCR is still categorizing by age units, and allows only a 1:13 ratio for children between the ages of six and eight years old. Not until age nine does Washington "catch up" with FDCR--and, at this point, even exceeds the federal requirement.

The above ratio inconsistencies obviously present an overwhelming compliance problem.

The staff-to-child ratio remains 1:6 in family day care homes. However, the allowance for before and after school care children has been rescinded, thus, these children must be included when determining quota restrictions for family and group day care homes.

Parent participation.

Proposed

-- There shall be efforts to encourage parental visits to centers and to work closely with family for the child's developmental needs.
-- Parents shall visit centers prior to a child's admission to determine appropriateness of the setting.
-- Parents shall be supplied the following in written form:
  -- Program goals.
  -- Daily schedule.
  -- Admission procedures and requirements.
  -- Hours of operations.
  -- Meals and snacks served.
  -- Fees.
  -- Sick children regulations.
  -- Transportation arrangements.

With this requirement, Washington has attempted to increase parental involvement. Having center regulations and procedures in writing and with first-hand knowledge through personal visits, parents could provide the needed supplemental monitoring of child care facilities.

Operators of family or group day care homes also will be required to develop more parent involvement, if this proposed revision is adopted. This would occur primarily in their program planning phase which calls for the parents to have an active role.

4.2.2 Oregon.

The State of Oregon is currently developing a complete revision of state licensing requirements. It is proposing to develop regulations related to the following types of day care services:

-- Day Care Centers - care for thirteen or more children between the ages of thirty months and fifteen years.

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-- Infant & Toddler Day Care Centers - care for five or more children between the ages of six weeks and thirty months.

-- Small Group Homes - care for five to twelve children between the ages of thirty months and fifteen years.

-- Drop-in Centers - short-term care for all ages of children.

-- Migrant Day Care Centers - care for children during the migrant seasons.

-- Before and After School Programs - care provided only to school-age children before and after school hours.

The proposed regulations have been developed for the first three types of care and are discussed in this section. It must be remembered that these regulations are in draft form only.

Staff competency.

Proposed

The staff requirements for a pre-school center are:

-- Director of large center (30+)
   -- 3 years of college, major in child development or related field, or 3 years direct supervision in an on-going structured group setting.
-- Director of small center (less than 30)
   -- 2 years of college, major in child development or 2 years in direct supervision in an on-going structured group setting.

-- Head Teacher large center (30+)
   -- 2 years of college, major in child development or related field or 2 years of direct supervision in an on-going structured group setting.
-- Head Teacher small center (less than 30)
   -- Same qualifications as teacher.

-- Teacher
   -- 1 year of direct supervision in an on-going structured group setting.
-- Assistants and Aides
   -- 15 years of age.
   -- Must be under supervision of staff person who

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at least meets the qualifications of a teacher.

-- Regular staff training sessions.

The staff requirements for an infant and toddler center are:

- -- Director of large center (13 or more)
  - -- 3 years of college, major in child development, nursing, or related field; or 3 years in direct supervision of infants and/or toddlers in an on-going structured group setting.
- -- Director of small center (12 or less)
  - -- 2 years of college, major in child development, nursing, or related field; or 2 years experience in direct supervision of infants and/or toddlers in an on-going structured group setting.
- -- Directors must be of legal age.
- -- Group Parent
  - -- Legal age.
  - -- Some qualifying child development courses or one year successful experience in a group setting for this age group.
- -- Assistants
  - -- Be at least 17 years of age.
  - -- Had some qualifying experience with children at this age level.
- -- On-going training program.

The staff requirements for small group homes are:

- -- Operator
  - -- Legal age.
  - -- Physical and emotional energy to work with groups of children.
  - -- High school education.
  - -- Agree to enroll in a child development course if available.
  - -- 1 year experience in the care of children other than his own.
- -- Teachers
  - -- 1 year experience in the care of children other than his own.
- -- Assistants and Aides
  - -- 15 years of age.
  - -- Must be under direct supervision of a staff person who meets the qualifications of a teacher.

The "staff competency requiremnets" have really been overhauled in the proposed standards. Rather than the

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former blanket description (i.e., "good character, physical and mental health, temperament," etc.), note specific requirements are described in the revised codes.

Oregon's code permitting fifteen year olds to be hired as aides (thus counting in the staff/child ratio) does not meet the 1972 FDC requirement that all personnel hired for direct supervision of children be 18 years old.

Program requirements.

Proposed

The centers and small group home programs must include:

-- Planning to help each child learn about himself, others, and his physical environment.
-- Opportunities for both indoor and outdoor play.

The infant and toddler center program must include:

-- Daily activities suitable to each child's level of development.
-- One staff assigned to same group throughout the day.
-- Planning to encourage motor development.
-- Opportunities for large motor development (for toddlers).
-- Social play and response, language, and problem solving activities.
-- Some outdoor play.
-- Two hours of exercise outside crib (infants up to six months).
-- Exercise and activity according to age level.

The currently applied state standard relative to program planning by center personnel is extremely vague. A planned schedule is merely recommended, as are "suitable" play materials for the age groups in care. Cruel punishment is explicitly prohibited (in current standards it is only implied). The revised codes will require a written schedule of activities in which there are more specific learning and developmental activities for the various age groups.

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Staff child ratios.

Day Care Centers

Current	Proposed
1:10 (requires a minimum of a director and one assistant.)	1:10 (thirty months - six years)
Separate staff for children under 2.	1:15 (school age)

The staff ratios require that groupings of children meet the following proposed standards:

-- Thirty months to six years.
  -- 1 teacher for groups up to 10 children.
  -- 1 teacher and 1 assistant for groups of 11 - 20 children.
  -- 1 teacher and 2 assistants for groups of 20 - 30 children.
  -- No group shall exceed 30.
-- School age children.
  -- 1 teacher for groups up to 15.
  -- 1 teacher and 1 assistant for groups of 16 through 29.
  -- 1 teacher and 2 assistants if group exceeds 30.

Infant & Toddler Centers

Current	Proposed
1:10 (requires a minimum of a director and 1 assistant.)	1:4 (6 weeks to 30 months)
Separate staff for children under 2.	1:2 (for field trips)

The grouping requirements are as follows:

-- Groups of from 1 to 4 infants or toddlers requires a group "parent."
-- For groups of 5 to 8 toddlers, 1 group "parent" and 1 assistant.
-- Groups may not exceed 8. 1 staff member must be assigned to 4 specific infants/toddlers throughout the day.

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Small Group Homes

Current	Proposed
1:10 (requires a minimum of a director and 1 assistant) Separate staff for children under 2.	-- 1 teacher for 8 children 30 months through 6 weeks. -- 1 teacher and 1 assistant for a group of 9 through 12, 30 months through 6 years. -- 1:12 (school age).

As in Washington, Oregon's revised state ratio requirements continue to be out of compliance when measured against the proposed 1972 FDCR. The more refined age categories used by FDCR causes the gap between the two standards.

Oregon's proposed standards regarding infant care would be out of compliance, age notwithstanding. Its 1:4 ratio allows one infant more per caregiver (6 weeks through 30 months old) than does the federal code. This 1:4, then, complies with FDCR between the ages of 18 and 30 months. After two and one-half years, however, the state decreases its ratio requirement to 1:10; this reduced ratio does not occur under 1972 FDCR until the child reaches age four and one-half. Assuming school age means six years or older, this state's standards continue to be out of compliance up to age 8. At that point, with its 1:15 ratio, the state reaches and exceeds the proposed federal standards of 1:16 for 9 to 11 year olds and 1:20 for 12 to 14 year olds.

Infant care in the group home setting is not covered under the proposed state codes. The lower 1:8 ratio applied to the group home (centers, 1:10) for children age 30 months to six years is also out of compliance. 1972 FDCR permits only 1:7, age 36 through 53 months. Oregon's 1:10 ratio then reaches compliance at age four and one-half years, and remains well within the FDCR standards (with the state's 1:12 ratio for school-age children) through age 14 years.

Again FDCR monitoring for compliance is extremely cumbersome with such ratio discrepancies.

Parent participation.

Proposed
-- Provide opportunities for parents to visit and encourage them to participate in the activities of the center.

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There is currently no stipulation that parents visit or participate in center activities. Though the revised requirements provide such parent participation, they do not require that written information be provided to parents about the center and its activities.

4.3 ADMINISTERING AGENCY PRACTICES

The administrative setting of day care licensing varies among the four states of the region. The two administrative models used are either centralized or decentralized depending on whether the licensing workers are assigned to central or local offices.

The 1972 FDCR provide four basic roles that the administering agency must carry out to meet their obligations for quality day care: (a) licensing and monitoring, (b) arranging for supplementary health and social services, (c) training, and (d) ensuring parent participation. An implicit role for the administering agencies is one of general planning and coordination of day care services in the area of their jurisdiction. This section examines the current practices of the administering agencies fulfilling these functions.

4.3.1 Alaska.

Licensing and monitoring. The State of Alaska has a decentralized administrative model for its day care licensing staff. There remains, however, central control and coordination through the statewide coordinator. The staffing pattern is illustrated as follows:

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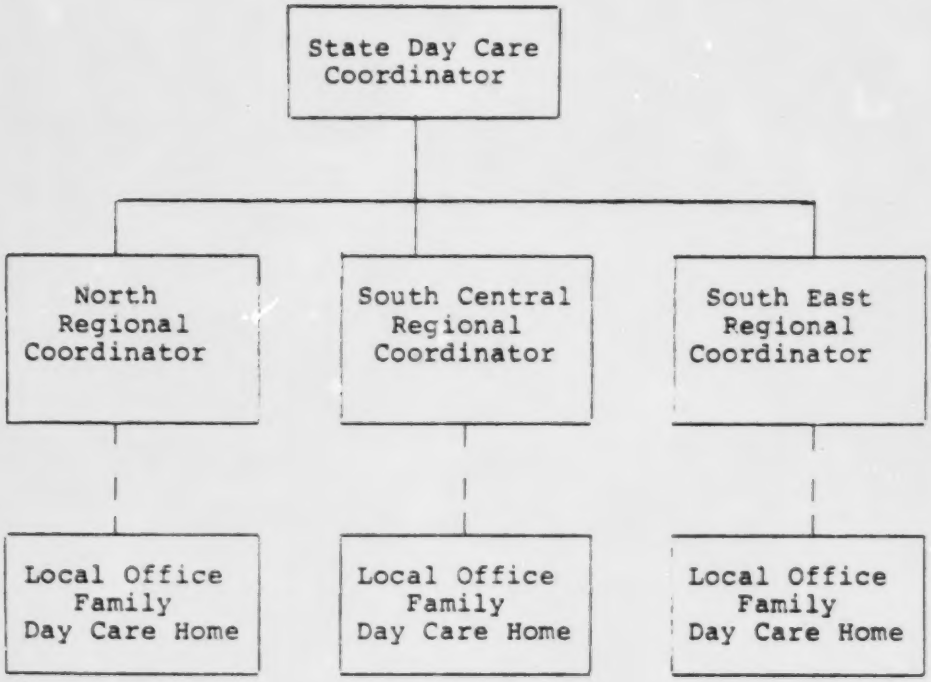
State Day Care Coordinator
North Regional Coordinator
South Central Regional Coordinator
South East Regional Coordinator
Local Office Family Day Care Home
Local Office Family Day Care Home
Local Office Family Day Care Home

The statewide day care coordinator is responsible for the development of application, payment, monitoring, and such other forms necessary to carry out the day care program. The position alsc requires the development of procedural manuals, policy, and budget recommendations. Major functions of the position are to insure uniform application of the rules and regulations pertaining to day care and to provide consultation to the regional offices.

The regional day care coordinators perform the direct licensing and monitoring of day care centers and are responsible for licensing consultations with local office personnel. All but one of the regional coordinators also have other responsibilities usually in connection with the Work Incentive Program.

Working with their respective Regional Coordinators, the local office workers have responsibility for licensing and monitoring of the family day care homes in their local area. Because most of them have a limited number of homes to service, the workers have a variety of other responsibilities in addition to day care licensing.

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The 1972 FDCR mandate administering agencies to have an acceptable plan and adequate staff for monitoring of licensed providers. In Alaska, monitoring and evaluation must take place at least annually. However, the current staffing pattern in this state does not appear to be sufficient to carry out the monitoring and evaluation functions required under the 1972 standards. This can be illustrated by the following formula:

Based on Annual Monitoring and Evaluation Visits

Annual Monitoring and Evaluation Manday Requirements

Family Day Care Homes	200	@ 2 days each =	400
Day Care Centers	49	@ 3 days each =	147
Group Homes	6	@ 2 days each =	12
			559

Annual Licensing Manday Requirements

Family Day Care Homes	240	@ 2 days each =	480
Day Care Centers	24	@ 3 days each =	72
Group Homes	12	@ 2 days each =	24
			576

Total Licensing & Monitoring Yearly Mandays Required 1135

Available Mandays	1 @ 250 days per year	= 250
	3 @ 187 days per year	= 561
		811

Therefore, 324 mandays must be assumed by the various local offices to assist in the licensing and monitoring. Given the pressure of other caseload responsibilities on most local office workers, it is doubtful that this required amount of resources is actually available for day care. It should be noted that the number of days allowed for licensing, monitoring, and evaluation of the various types of providers is a real minimum. With the increased complexity and (to a certain extent) specificity of the 1972 requirements, a more realistic assumption would be three days for each family or group day care home visit and five days for each day care center. In these cases, the state would be even more deficient in staffing for day care licensing and monitoring activities.

Licensing and monitoring is, of course, more than just noting compliance or non-compliance with requirements. A simultaneous commitment is to work with the provider to meet the minimum requirements identified in FDCR which would require additional staff time.

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Planning and coordination. The Department of Health and Social Services functions as the primary planning and coordinating body for day care services within the state. For planning the department uses fiscal forecasts for the upcoming year that include: (1) an estimate of the number of children served, (2) estimates of projected caseload for day care services, (3) census figures to identify where the service population is located, and (4) funding estimates.

The department has not taken a formal, active role in recruiting day care providers, but rather has merely licensed those who apply. To increase the supply of available day care services, the department has used provisional licensing, a mechanism allowing potential providers to begin operation without meeting all of the licensing requirements. The providers agree to upgrade their programs to meet the requirements within a specified time period, usually three to six months.

Coordination of services, where it occurs, tends to be informal. Working arrangements between agencies with responsibilities in day care or child related fields have evolved to maximize each agency's resources, as exemplified by the coordination between the Department of Health and Social Services and the Borough of Anchorage Health Department. Both have statutory obligations for day care licensing, yet they have an effective working arrangement for monitoring, evaluation, and program upgrading of centers. To further this coordination, the borough and the state are working to match their licensing laws in such areas as staff/child ratios. This should both improve their coordination and reduce unnecessary workloads.

Arranging supportive services. The 1972 requirements place the responsibility for arranging health, dental, psychological, and social services with the administering agency, by assuming that sufficient community resources exist to provide these services. This assumption is not always valid, since they are in short supply or non-existent in many parts of the state. Further, with the cutback in the state of Title IV-A and other federal funds for these programs, it seems less likely that the purchase of such services will be feasible in the future.

Training. FDCR requires that the administering agency develop an acceptable plan for providing or arranging training of caregivers and operators. However, the state Department of Health and Social Services has

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not implemented the plan, with the exception of workshops offered by the state office of education. The primary recipients of this type of training were personnel associated with day care centers. The state also has available a series of brochures and pamphlets related to children and day care and distributed to providers. There has been no statewide formal training available to family, group, or in-home providers. However, the northern region day care coordinator had formed a day care mother's association for the training of family day care mothers. This program is available to about 25 family day care mothers in the Fairbanks area.

Parent participation. The State of Alaska has developed a parent advisory group which is part of the overall social service advisory committee to the department. This committee has not been too active in the past, although plans are under way to increase the level of activity. Of course, parents are currently involved in the day care process through the service selection mechanism: when a parent is found eligible for day care services, the various types of available day care are explained and the parent is then free to choose the type of care most suited to the family's needs.

4.3.2 Idaho.

Licensing and monitoring. The state's administrative organization for day care licensing is based on a decentralized model in which seven administrative regions of the state have primary licensing responsibilities. The central level provides one person as a day care consultant to the seven regions. The regional workers may have additional caseload responsibilities, usually foster home placements. In some regions, the responsibility for day care licensing and monitoring is rotated among various workers.

Using the same formula previously developed for Alaska, the number of mandays required to license and monitor day care is displayed below:

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Based on Annual Monitoring and Evaluation Visits

Annual Monitoring and Evaluation Manday Requirements

Family Day Care Homes*	230	@ 2 days each =	460
Day Care Centers (including group)	40	@ 3 days each =	120
			580

Annual Licensing Manday Requirements

Family Day Care Homes	132	@ 2 days each =	264
Day Care Centers	18	@ 3 days each =	54
			318

Total Licensing & Monitoring Yearly Mandays Required 898

It is difficult to determine if there is sufficient staff to effectively license, monitor, and evaluate day care in Idaho, due to rotating staff assignments in some regions and since separate records are not kept for licensing activities. Idaho requires that all licensed facilities be reviewed every six months. If this were carried out, the annual number of mandays would double to 1,796. Since this figure is only for providers who care for federally funded children, it indicates the level of effort that would be required to meet FDCR. Additional mandays would be needed to license and monitor all other providers within the state.

Planning and coordination. Idaho state government is currently undergoing a major reorganization and the final shape of the human resource agencies is yet to be determined. This discussion of planning and coordination will relate to the organizational entities as they existed in November, 1972.

The Idaho Department of Social and Rehabilitation Service (SRS) does little in planning and coordination of day care services. The only method used by the department is budget control, which of course affects the supply of day care services. The agency with the best potential for state day care planning is the Office of Child Development (OCD). This same office is currently compiling an inventory of available child services throughout the state. The good relationship between OCD and SRS would enable effective planning in the future.

*Estimated number of homes caring for federally funded children.

Arranging supportive services. As with Alaska, certain parts of Idaho would not have sufficient resources to meet 1972 FDCR for various health, psychological, and social services. Since the state does not face a cutback in Title IV-A funds, it could commit some of these funds to improving the inadequate services of some communities. However, given the political climate in Idaho regarding day care, this is not likely to happen.

Training. Historically, Idaho SRS has not provided training to caregivers or operators nor has there been a state plan for training. The OCD has planned to use educational television in conjunction with the Federation of Rocky Mountain States and also hopes to begin a stipend program so caregivers can obtain a Child Development Associate Certificate.

Parent participation. SRS has an advisory committee for social services that includes parents; however, the committee has been inactive for the past two years. Parent participation now only involves choosing among the types of day care services available. The proposed federal requirement that operators who service fifteen or more children have an advisory committee would be a major block in obtaining services for federally funded children.

4.3.3 Oregon.

Licensing and monitoring. A centralized administrative structure is used in Oregon for licensing and monitoring of day care providers. All the licensing staff are located in, or report directly to, the central office. Oregon state statutes do not require the licensing of providers who care for less than five children. Thus, there is only federal certification for homes providing care to federally funded children. Day care centers that enroll federally funded children must meet both the state and federal requirements.

Oregon currently assigns six professionals for day care center licensing and monitoring and seven para-professionals for certifying family day care homes. The licensing staff for centers attempts to visit each center at least four times per year, one visit for licensing (or relicensing) and the others for upgrading the program. Excluding 4-C centers there are currently about 65 centers with this

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type of consultant service. The staff, who certify family day care homes, make an annual relicensing visit. There are approximately 925 homes in the state plus an average of 50 new applications per month. One major problem in Oregon concerning family day care homes is the high turnover rate. The licensing staff spends more of its time processing new applications than it does on recertifying homes currently in operation.

The Oregon 4-C Council has contracted with the state Children's Services Division, Department of Human Resources, to match local 4-C funds with Title IV-A monies. The Council then subcontracts with providers who can meet the state and federal day care requirements. Under the State/4-C agreement, the Council is primarily responsible for monitoring and evaluating its subcontracted providers. "Outside" evaluators are used to conduct periodic evaluations to determine whether the program is meeting specific goals. In addition, ongoing evaluation by the planners or operators themselves is used to plan future strategies. In this respect 4-C provides sufficient guidance and technical assistance.

Using the manday formula to compute the required amount of time to perform licensing and monitoring functions, Oregon's staffing pattern is as follows:

Based on Annual Monitoring and Evaluation Visits

Annual Monitoring and Evaluation Manday Requirements

Family Day Care Homes	950	@ 2 days each =	1900
Day Care Centers (including group)	110	@ 3 days each =	330
			2230

Annual Licensing Manday Requirements

Family Day Care Homes	600	@ 2 days each =	1200
Day Care Centers (including group)	12	@ 3 days each =	36
			1236

Total Licensing & Monitoring Yearly Mandays Required 3466

Available Mandays	6 @ 260 days per year	= 1560
	7 @ 260 days per year	= 1820
		3380

The current licensing and monitoring staff is sufficient to carry out its responsibilities for centers. Should a

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significantly lower turnover rate occur, the current staff would be adequate to monitor family day care homes on an annual basis as required under 1972 FDCR. However, using the more realistic five mandays per center and three per family day care home, an additional 1880 mandays must be allocated to this task.

Planning and coordination. Like the other states, no one is performing overall planning and coordination in Oregon, beyond some 4-C activity and liaisons between the central administrators and Children's Service Division, Region HEW, and the various state and local children's services agencies. With the ceiling on IV-A funds, the future is uncertain for Oregon's 4-C's.

Arranging supportive services. The full array of services required by the 1972 FDCR do not exist, though Oregon does provide more of the required services than in Idaho or Alaska. Of real concern in Oregon is the problem of funding these purchased services.

Training. The only training mechanism used by the Human Resources Department is the follow-up visit to each day care center (three per year). No training is provided to family day care mothers with federal certificates.

The local 4-C's have developed training packages for both centers and family day care homes under their jurisdiction. The Mid-Williamette 4-C's, for example, provide a health education program for parents and day care providers, as well as center staff training in safety and first aid. Further efforts to coordinate training and improve career development for day care personnel also are being undertaken by 4-C's and other community organizations.

Parent participation. The Human Resources Department has developed an advisory committee that includes parents to assist in developing state requirements for day care. The eligible parent is also informed of the types of day care available prior to selecting a particular day care arrangement.

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4.3.4 Washington.

Licensing and monitoring. All the licensing workers for centers are located in one office. The six workers assigned to day care center licensing and monitoring also have similar responsibility for other state and private children's services agencies. With approximately 275 day care centers having federally funded children, licensing and monitoring of these centers would require up to 900 mandays per year (at three days per center). However, since each worker is responsible for about one hundred child caring agencies (including day care centers), there is not sufficient staff to carry out the assigned licensing and monitoring responsibilities.

The staff for licensing and monitoring family and group day care homes are assigned to local offices. The estimated caseload ranges from 75 to over 250 homes per worker. Of the 7500 licensed family and group day care homes within the state, approximately 1100 provide care to federally funded children. In addition, there is an average of ten new applications per month per worker. Given this wide caseload range, the central office does not have the information available to allow Unco to determine whether there are enough personnel to meet 1972 FDCR.

Planning and coordination. There is little evidence of any planning and coordination in the state. For example, recruiting family and group day care providers is done locally but not necessarily in accordance with each area's real need for providers.

Washington, like the other states in the region, relies upon fiscal constraints to control the amount of day care available for federally funded children. The maximum income allowances for eligible families effectively lowers total expenditures, matching total dollars available for day care.

Arranging supportive services. Washington probably has the most community resources to meet support service requirements, but funding sources are still a problem. With the evolving limitations on IV-A funds and other funding sources for community-based services, it is unlikely that Washington could meet 1972 FDCR for health, psychological, and social services.

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Training. Most training in Washington is informally provided by the licensing staff. There is also a statewide association of family day care mothers that disseminates program information, and the state has developed many articles and pamphlets that are available upon request.

Parent participation. As required by its state code, Washington has an advisory committee that has been active in developing Washington's proposed standards.

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4.4 PROVIDERS' VIEWS OF DAY CARE REQUIREMENTS

The following discussion examines problems encountered during the licensing process; interactions between operators and the various agency personnel; and opinions on the effectiveness of licensing as viewed by the center and family day care home operators surveyed in this study.

When questioned about federal certification/standards, day care providers appeared to have little concrete knowledge of the requirements (especially family day care home operators). Center directors were somewhat more knowledgeable, particularly in the area of required staff/child ratios. However, confusion between standards that are federally imposed and those enforced under state and/or local statutes continually surfaced during the course of interviewing these respondents.

4.4.1 Alaska.

Local codes. Alaska day care center operators were divided evenly in their views of the effects the local codes had on opening their facilities. Forty-seven percent reported having no trouble at all meeting the local requirements. Of these, 31%* report that their facilities had been built especially for educational and child care purposes according to the required specifications. Another operator stated that adjustments were made [i.e., installing new sinks ($225) and a new refrigerator ($155)] prior to applying for licensing.

Of the 47% of the operators who reported having encountered some difficulty in meeting the local codes, 75% said that the fire and building codes were the most difficult and most costly. Installation of fire doors, alarm systems, fire escapes, sprinklers, and sheetrock walls constituted the greatest expense to these operators. Less costly items include installation of a lighted exit sign and purchase of additional fire extinguishers when day care services were added to a church-school facility.

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*One center had built an addition according to required specifications, but had difficulty with the older portion of the building--having to modify all exits to meet fire and building codes.

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Health code requirements caused concern for 25% of the sampled center directors. Problems in complying with these regulations included general cleanliness and the installation of complete bathroom fixtures in the classrooms.

When asked if there had been any changes in the local codes which caused additional expense since the center began operating, 76% of the respondents answered "no."

Seventy-five percent of the operators who did incur additional expenses did so as a result of changes in the fire codes. Consequently, one center was required to install a fire alarm system; and another, a smoke detector ($90). The cost of fire extinguisher maintenance and service was reported to have caused additional expense, also.

Family day care home operators reported no problems in meeting local codes. This is primarily due to the fact there are few (if any) local codes pertaining to these day care settings. *In the sample, 92.3% of the family day care home providers stated they have never had an inspection by the local fire or sanitation departments.* Only one respondent reported a yearly fire inspection--though not specifically related to her day care facility, since it is performed as an annual neighborhood service. *Center operators, on the other hand, report regular inspections by local authorities.* Twenty-nine percent reported annual inspections; 41.2% semi-annual; and 23.6% reported more frequent inspections--ranging from every two to six months.

State codes. State licensing requirements presented no obstacles to 65% of the center directors surveyed in Alaska. Eighteen percent were not on staff at the time their respective centers were licensed and did not know whether or not there had been compliance difficulties.

Two-thirds of those who encountered problems related to state licensing said meeting the staff/child ratio requirement was the most difficult. One center was able to comply by extending the hours of its teachers' aides to supplement its day care personnel. Another center director reports the ratio requirements are still troublesome, as it is difficult to adjust the staffing pattern to coordinate with the greatly fluctuating child attendance.

State fire and health codes created some obstacles. Whereas local codes required "modification" of exits, the state required one center to install sheetrocking and fire doors.

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State requirements did not present any difficulties for operators of family day care homes. *As with local fire inspectors, these providers' contact with state licensing workers is infrequent; 76.9% recall being visited by the licensing worker only when first applying for a license.* The other 23.1% reported varying frequency of visits, ranging from every three months to every two years.

Among center operators, 35.3% reported quarterly visits by the state licensing personnel, while 17.6% recall semi-annual inspections, and 17.6% stated that licensing specialists visit their centers on an annual basis. Twenty-four percent of the center operators reported that licensing personnel visits varied widely.

Eighty-one percent of the directors who responded to the question regarding the helpfulness of the state licensing agency stated they had received help and cooperation from this agency's staff.

One operator, who first had fire and health department inspections, and then a visit from the licensing worker, qualified her positive response: "There seems to be confusion and conflict about requirements among (the different) agencies." Regarding the fire and building codes, another director also remarked upon the overlap and duplication of the borough, city, state, and federal codes. Only one respondent stated, without elaborating, that no assistance was provided by the licensing personnel.

Of the interviewed respondents, 18% felt that currently enforced state and local codes do not necessarily ensure quality. Views were about evenly mixed as to whether the codes are too strict or too lenient: "There are unreasonable restrictions on the number of children allowed", on one hand; and on the other, "The quality of staff is inadequate....need higher qualifications, such as state (teacher) certification". Most of the 82% of those responding that state and local codes do contribute to quality day care, qualified their opinions. Although the standards were considered adequate, sufficient personnel for enforcement was thought to be lacking.

Other comments referred to the practices such as approving trailers as day care facilities and not requiring military centers to meet the federal requirements.

The Alaskan family and group day care providers viewed codes of any type as only marginally beneficial and, as currently enforced, ineffectual.

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Another reason given for not being supportive of code requirements is the fact that they appear to be subject to various interpretations: "When I was sitting four (private-pay) neighborhood kids, they (welfare personnel) told me I had too many and would have to 'get rid' of one. Then they said if I'd give up all of my regular, non-welfare kids, they'd let me have five welfare children."

The absence of any real investigation of providers' character and the lack of uniformity when applying standards prompted one respondent to set her own standard, "What's good enough for my own children, is good enough for other's."

4.4.2 Idaho.

Local codes Forty-seven percent of the Idaho respondents encountered no problems in complying with local codes--either because there were no local codes with which to comply; or, previous experience in the field of day care enabled them to bring their centers up to standard before applying for a license.

Many Idaho center operators (40%) indicated that the local health and fire codes presented the most problems at the beginning of their operations.

One community's fire code required a center to sheetrock its cement block walls. A Northwest Idaho operator expressed some cynicism when local authorities required "exit signs all over the place; which, of course, none of the children can read." A Boise operator stated there are no local codes; thus, encountered no problems. On the other hand, another center director in the same city had to contend with many different specifications from the local building, fire, planning, and zoning authorities. Only one operator encountered zoning difficulties--which were eventually resolved.

When asked if there had been any changes in the local codes which required additional modifications and expense, 87% of the respondents replied negatively. Thirteen percent of the center operators did have to make post-licensing modifications.

Most family day care home operators in Idaho reported minimal or no involvement with local authorities in obtaining licenses to operate their family or group day

care homes. Those who were inspected by local fire and/or sanitation personnel had these inspections performed at the time of application for their original licenses only. None reported any problems in meeting these codes. *Sixty percent of the center operators report at least annual inspections by local authorities; and 27% state their facilities are inspected semi-annually or more frequently. Thirteen percent had never been inspected by local authorities.*

State codes. Forty-seven percent of the Idaho center operators perceived no problems in meeting the state licensing requirements. Among the centers which did encounter obstacles in obtaining a state license (40%), one was issued a six-month provisional license to allow time to make the necessary fire and plumbing modifications. Other problems faced by these center directors before qualifying for state licensing were: (1) the need for more staff (in order to comply with staff/child ratios); (2) installation of toilet facilities to meet the state required ratio of toilet facilities per number of children in care; (3) installation of fencing; (f) child age limitation (i.e., at time of application, one center enrolled two year-olds; the state would license only for two and one-half year-olds); and, (5) problems regarding site location.

Except for the required purchase of extra toys or equipment (cribs, highchair, toilets), the installation of window screens (in one case), and other minor changes, the family day care home operators had no problems complying with state codes.

Idaho licensing caseworkers visit family day care homes on an average of every six months, which most of those interviewed deemed adequate. There is some inconsistency statewide, however; and one operator reports that she has never been re-visited since originally receiving her license (which has since expired). Others said that licensing workers visit only upon request. *Most (64.3%) center directors also report visits from licensing workers occur every six months.* Annual visits were reported by 28.6% of those interviewed; and quarterly visits, by 7.1% of the center operators.

Eighty percent of the center operators perceived the licensing specialist as being helpful in explaining the state and local codes and in providing assistance in applying (or re-applying) for licensure.

One of those who did not think the licensing worker to be helpful cited inexperience and unfamiliarity with

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the rules and regulations as the cause. Another respondent, however, felt no real effort had been exerted on the part of the licensing personnel: "(They) send you a copy of the requirements; then it's up to you to read and understand (them)." Generally, family day care home operators perceived their licensing caseworker as being helpful.

Of the Idaho center operators, 27% did not feel that currently enforced codes ensure high quality. These respondents expressed the necessity for better enforcement of existing standards. *Low staff ratios per child and voluntary licensing of facilities serving six or fewer children were mentioned as shortcomings of the current standards.* On the other hand, center and family day care operators questioned the necessity of some of the existing state and local codes. For example, one operator felt that local building and fire codes were unnecessarily high; and a family day care mother viewed the child quota and sleeping arrangement requirements as too restrictive. A Shoshone county center director declined to address the issue, as, "I have never seen a copy of the state or local codes."

4.4.3 Oregon.

Local codes. Building codes presented no problems for 63% of the center directors surveyed in Oregon. Sixty percent of these operators had constructed their centers especially for child care according to local specifications. However, the construction of special facilities involved considerable extra expense for two of the operators. After almost three years of attempting to correct architectural defects, one operator finally re-contracted and "practically began from scratch". Another operator eventually won the right to open her facility in a court decision. Problems developed when a staircase had turned out to be a quarter of an inch narrower than the code specified.

The remaining 40% of these operators could recall no obstacles in having their specially constructed facilities pass the inspections of local authorities.

Zoning laws presented problems for 13% of the respondents. In some instances, this was resolved by securing a zoning variance. One operator, however, was forced to move from a residential area, consequently construct two units, and make extensive modifications of another.

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Fire codes presented difficulties to only 19% of the Oregon sample of center operators. One center was located in a building which had been constructed according to Class C building codes (applied to schools), but additional sprinkling systems were required when day care services were offered. Other operators were required to add outside access doors to each room, alter existing doors, install five-eighths inch insulation (sheetrock), and rewire portions of the facility.

Changes in local codes affected only six percent of the centers. Again, it was the fire codes which caused operators to incur extra expense for modifications (i.e., installation of fire detection and alarm systems) after already having been licensed.

Local codes (or, more appropriately, the lack of local codes) had no bearing on family day care home certification in many parts of Oregon. Group homes were required to obtain small business licenses in Portland, however. This necessitated local fire and sanitation inspections (to which family day care homes were not subjected--except upon special request by the welfare licensing worker). Fire inspections are, however, conducted on a city- or community-wide basis in several locales in the state.

Thirty-one percent of Oregon center operators report annual inspections by local authorities; likewise, 31% are inspected semi-annually. Twelve percent of the facilities are inspected more frequently, while another 12% have never been inspected.

State codes. Of the 63% of the centers which encountered no problems meeting state codes are those which had been built to specifications for child care. Also included are those facilities that met state requirements by having complied with local codes initially.

State licensing presented three areas of concern for Oregon center operators: (1) health and safety--plumbing, wiring, installing additional windows, and covering and/or fencing outdoor play areas; (2) fire--extra fire extinguishers; and (3) programming--staff/child ratios.

Group homes are more often affected than are family homes by the state code requirements. Some family home operators were required to make a few modifications in order to be certified. For example, a few family day care home operators were required to install fences, railings for steps, stairway gates, purchase additional beds and/or cribs, etc. Group homes, on the other hand, were

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required to make more costly modifications or additions. For instance, two group day care home operators reported having to install overhead sprinkler systems; two others had to install additional plumbing; another was required to install a dishwasher; and fences were required in some instances.

Half of the center directors interviewed in Oregon recall having yearly state inspections (for re-licensing purposes). Nineteen percent report that state inspections occur twice a year and 12.5%, every three months. Family and group home operators report: original licensing visit only (27.8%); annual visits (56.7%); semi-annually or more frequently (4.2%).

Most center operators (76%) perceived the state licensing specialist as being helpful in explaining codes and assisting with applications. One of the operators observed, however, "When workers (state licensing) change, rules seem to change slightly." Major complaints of the 19% who did not find their licensing worker particularly helpful were: "(They) mail you forms and a book of rules to figure out for yourself;" "(The licensing worker) simply omitted important pieces of information, like there are different classes of licenses for which you can apply;" and, "I never saw my (licensing) worker until (I had) almost completed the application."

The caseworkers in smaller towns and rural areas seem to have more frequent and less formal contacts with the family day care home mothers than in urban areas. The operators in less populous areas are also more likely to call upon caseworkers for advice, or assistance when problems develop. The caseworker is also more likely to respond more readily.

Twenty-five percent of the center directors did not think current codes necessarily contribute to ensuring high quality day care. One-quarter of these stated the codes inhibited operation of child care facilities. The others felt the standards were not high enough or poorly-defined. "What is 'adequate'?" asked one operator. These respondents also felt that stricter regulation of building safety and staff educational requirements should be imposed.

Some of those respondents who thought that the codes contribute to quality care, qualified their responses. The need for even higher standards and more monitoring of child care (particularly in-home care) was stressed. Oregon center directors also addressed the federal requirements at this point in the interview.

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Generally, Oregon center operators viewed the staff/child ratios imposed by the federal standards and the minimum wage laws now being applied to day care as very restrictive, especially for the small, private operator. Since federal certification is not mandatory, some operators said they would drop their federal certificates when next licensed if it proves too costly.

Family day care home respondents' knowledge or awareness of code requirements was very limited. They admitted that they were not certain what implications being "certified" had. Those who were more cognizant of the requirements were about evenly divided in their opinions regarding their adequacy and the impact of their application. Standards without monitoring seemed meaningless to many of the respondents.

The issue of limitations on the number of children allowed in care was also raised in this state. Providers feel they themselves are the best judge of their own capabilities and should be allowed to determine the number of children with which they can cope.

4.4.4 Washington.

Local codes. Regarding the affect of local requirements on day care centers, one-half of the directors felt that local health and fire codes were most difficult to meet and required the most costly modifications. One center incurred an expense of $2,000 to replace its furnace and install new electrical outlets. The most frequently mentioned modification was installation of suitable doors, walls, alarm systems, and fire escapes. Such modifications were costly in both money and time. One center had to delay its opening two months while having the required fire doors installed.

Some alterations required under the local health codes included repair or replacement of water heaters (to raise the temperature to a required degree), installation of exhaust fans in the kitchen and ventilation fans in bathrooms, and installing water fountains.

One center encountered problems with the local zoning commission. Only after considerable neighborhood pressure was the necessary zoning variance passed.

When asked if there had been any changes in the local codes which caused additional expense, 36% of the center

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operators in Washington responded "yes." One operator stated that the local (Richland) fire codes are being upgraded continually, making compliance quite expensive. Another center was required to install a fire alarm system after having been in operation for some time. Trash burning been banned in another community, costing the center an additional $15 per month for the extra garbage collection.

Washington family and group day care home operators reported few problems in complying with local code requirements; mainly because of the absence of such codes. Two respondents (one family and one group operator), however, did have difficulty regarding zoning. The family day care home mother eventually was able to obtain approval, through a neighborhood petition. The group home child care provider was unable to obtain a zoning variance and had to rent ($110 per month) a separate facility in an area where the zoning was appropriate to operate this type of facility.

Thirty-two percent of the Washington center directors report annual inspections by local authorities and another 32% report semi-annual inspections.

Of the family day care providers in Washington, 63.6% have never been inspected by local authorities; 17.6% have annual visits; and 9.6% had original licensing visits, only.

State codes. Center directors were then questioned about the effects of state requirements on the opening and general operation of their centers. This uncovered some apparent confusion as to whether certain codes were state or local requirements. Only 12% of the operators said that their centers also met the state requirements by having been in compliance with local codes.

As with local codes, many state requirements proved expensive. A Seattle center was required to replace all existing fire doors (costing approximately $1800) which already had been approved by the local fire inspector. Space requirements forced another center to rent an additional 2,789 square feet to accommodate the 60 children for which it had applied to be licensed. Still, another center had to undergo extensive remodeling of its school facilities for infant care (a Model Cities grant made modification possible).

Two of the directors felt the state requirements and licensing personnel were too meticulous. Examples included a required change to another disinfectant ("must have 'Liquid Purex'"); painting a wall behind the

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water fountain ("couple of hand prints"); locking medicine cabinets that were already behind locked doors; and covering outdoor, sandy play area so cats won't "use" it.

Apparently, lack of communication between the state and local level licensing offices creates difficulties. An eastern Washington center director was initially informed that the center would not have to comply with state codes since it was a church-associated facility. However, this proved not to be the case. After receiving a copy of the codes and with the aid of two state observers, this center was able to bring the facility up to state standards in time for its scheduled opening.

Re-licensing problems have confronted several of the sampled centers. In one a lawyer's fees was incurred to combat a "temporary use" license. The issue revolved around the lack of an adjacent outdoor play area. The director thought this issue was resolved by state approved bussing arrangements to nearby parks and school playgrounds, but the licensing worker refused to relicense the facility.

Among the 44% of center operators who encountered no obstacles in obtaining state licenses, some did so by complying with more stringent local codes. Others either had built their facilities according to the state's specifications or, being aware of the codes, made all necessary modifications prior to applying for their licenses.

State requirements did cause some extra expense to family day care home providers. The most often mentioned additions or modifications were installation of fences, locks on medicine cabinets and stairway gates, bolts installed higher than regular door locks, fire extinguishers, rugs or carpeting on the playroom floors, and furnace modifications.

Center operators report state licensing worker visits occur once a year (38%), twice yearly (24%), and quarterly (16%). Others report more frequent visits (9%), and some (13%) are visited less than once per year. Seventeen percent of the family day care home operators report annual; 14%, semi-annual; and 27%, quarterly visits.

Two center directors expressed the need for more frequent visits by the licensing specialists--"a re-licensing visit (every two years) is not enough." Regarding on-site inspections, one operator stated that the licensing worker "didn't hesitate to check everything in the book." On the other hand, one director observed that the written codes were adequate but that on-site inspection was "weak." She continued, "The licensing specialist was here only a short time and didn't really look at the facility.

The need for more unscheduled visits by the licensing workers during times of day when children are in care was also stressed by family and group home operators.

Center operators were also asked whether they had received assistance or explanations of the local and state requirements by the state licensing specialist. Eighty-four percent responded positively; and most elaborated on the extensiveness of this service (i.e., availability of licensing specialist for consultation, frequency of visits, etc.). Some of the responses were qualified and probably can be summed up as one center director puts it: "...as clearly as any code can be explained!" Another operator qualified her response with, "Licensing specialists are always changing--(we) never know who's coming or what the requirements will be." Only 8% stated that the licensing specialist provided no assistance at all.

Most family and group home mothers also viewed the licensing caseworkers as being quite helpful.

All of the center directors interviewed in Washington recognized the need for a set of standards by which child care facilities can be monitored. However, there were varying opinions as to whether the codes currently being enforced are too stringent or too lax.

The appropriateness of all state and federal requirements in relation to the local resources of different geographic areas surfaced as an issue. One Everett operator stated that the codes were "good in relation to (this) county.", while another operator, in largly rural Grant county, felt that no consideration was given to the locale's lack of community resources. Migrant program coordinators would prefer to have some of their program requirements presented as recommendations or guidelines rather than requirements.

Generally, family day care home operators expressed the need for some regulation of day care homes. By the same token, they felt that licensing, alone, did not insure high quality; and that the parents seeking child care services should be knowledgeable about criteria upon which to judge good facilities. Some of these family day care home mothers stated that more emphasis should be placed on investigation of the prospective caregiver's character/background--perhaps through interviews with neighbors, etc.

The need for better sanitation inspection was also pointed out. "She (licensing worker) didn't even look at my sink, stove, or refrigerator," recalled one

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respondent. Again, the extent of investigation apparently varies between locales as well as between individual caseworkers.

Many respondents viewed some of the requirements unnecessary, such as having separate beds for all nap-aged children and not being allowed to use sleeping bags. One operator stated she had to delay opening until she could afford to purchase three beds and two cribs. Also related to sleeping arrangement requirements, the necessity of the provider to be on the same floor as napping children was felt inhibitive and severely restricted the amount of usable space.

Many respondents were dissatisfied with the quota limitations imposed on them, especially regarding school-aged children being counted in their "full-day" care quota when, in fact, they are present only a couple of hours after school. (This may be a misinterpretation of the code by either the licensing worker or the provider). Some providers thought that the caregiver, herself, was the best judge of the number of children she is able to cope with. "I tried caring for six but found it too much of a strain, so now I'm caring for only four children." *These operators evidently make little connection between the space requirement (35 square feet per child) and their quota restrictions; rather, they view it in the light of one's ability to "handle" a certain number of children.*

Several did not particularly care to sign the "non-discriminatory pledge," stating that color, race, and creed were not considerations in selecting children. However, they did have definite age preferences and felt restricted by this pledge.

4.5 CONCLUSIONS

Even more than the need for increased enforcement of child care standards, is the need for federal, state, and local coordination of funds, standards, and assistance in delivering child care. The current duplication of efforts and service gaps is a misuse of limited resources and is confusing and frustrating to the operators attempting to provide child care.

Center operators in all four states have been subject to a large degree of locally and state imposed regulations regarding the fire, safety, and sanitation aspects of their facilities. Often these requirements

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vary at the state and local levels, and some providers have incurred considerable expense attempting to meet both local and state requirements.

Since health and safety requirements are emphasized in local and/or state codes, exhaustive FDCR monitoring in these areas is less necessary than in other compliance areas.

4.6 SUMMARY: ADMINISTERING AGENCY EXPERIENCES SINCE 1968

The introduction of the 1968 FDCR modified the traditional delivery of day care services. The federal requirements raised the required quality of day care services over what had been required under the states' licensing laws. In many states, the federal requirements introduced programmatic standards for the first time. The 1968 requirements allowed providers three years to meet these new standards.

Administering agencies (primarily state welfare departments) were given the responsibility for monitoring providers to ensure that federal standards were being met. Traditionally, state welfare departments had had the responsibility for licensing and monitoring under state statutes for day care licensing. Thus, this agency was and is the link for ensuring quality day care within the state. The willingness and ability of the state welfare agency to monitor compliance effectively and take the needed steps to assist providers in meeting the federal standards has a major impact on program quality.

One measure of the states' commitment to the quality day care programs is the amount of resources which are devoted to licensing and monitoring. This report has outlined the manpower currently available in the four states to carry out the monitoring portion of the administering agencies' responsibility under the 1968 FDCR. Each of the four states, to some degree, is understaffed to effectively monitor and evaluate day care programs currently existing in the states. One day care supervisor lamented, "I have more than 300 licensed centers for which I'm responsible, but I have the same number of staff to do the licensing that I had when I was only responsible for 100 centers." *The impact of this understaffing results in an uneven compliance pattern within each of the four states.* Although this study was not designed to measure compliance with state and the 1968

standards, many of the 1972 standards already are included in these existing standards. Where similar standards existed in either the state standards or the 1968 FDCR, we noted this and identified the level of compliance. The unevenness of current enforcement in the four states emerged.

Certain other conclusions can be drawn about compliance problems within the state: *None of the states nor the federal government has established what is an acceptable level of compliance by a center or home.* That is, must each provider be 100% in compliance with every item in the state or federal standards, or would a lower level of compliance be satisfactory? If 100% compliance is expected, then there are serious compliance problems currently on nearly every item in the 1968 standards and/or the state standards.

Another problem related to compliance is that many of the 1968 requirements and some of the 1972 requirements are open to subjective interpretation. An example of this is "Non-professionals must be used in productive roles to provide social services." There can be a variety of interpretations of what is a "productive role." In reality, there is little attempt to measure compliance with these generalized requirements. A similar situation occurs when state standards are general. *The compliance pattern that emerges is relatively close monitoring for the specific requirements with less effective monitoring of the more general statements. Related to this conclusion is that those states which have more detailed and specific state standards tend to have higher levels of compliance.* The 1972 FDCR, which are more specific than the 1968 requirements, should result in more consistent enforcement if an effective plan for implementation is developed.

The current dual licensing and monitoring system impacts the states' ability to enforce the FDCR. There is the tendency to monitor primarily for state standards. Federal standards are given secondary emphasis. Providers must meet state standards to maintain their licenses. The providers' focus, then, is also primarily on state standards rather than federal standards. The licensing worker who issues a state license and who is responsible for monitoring federal requirements often is caught between the providers' concern with state licensing and the state's emphasis on their own requirements. Where day care is in short supply, many providers will threaten to refuse federally funded children if the higher FDCR are enforced. With these conflicting pressures, coupled with understaffing, it is not surprising that monitoring for federal standards is given

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secondary emphasis. Clearly, if a single set of requirements can be adopted, this problem will be alleviated.

There are two possible approaches to developing a single standard. The first is to eliminate the current federal standards. The second is to upgrade current state standards to meet the level of federal standards. Earlier in this chapter, we outlined the current trends in state licensing standards. Within two of the states in the Region (Washington and Oregon), the trend is toward an upgrading of state standards. In Idaho, change has been minimal. Alaska is currently in the process of revising their standards, but the proposed standards are not yet available. The recent release of Model Day Care Licensing standards provided the states and the federal regional office the opportunity to move towards a goal of having the state standards meet the model day care licensing standards. When that goal is reached, it would be appropriate to consider the abolishment of the federal day care requirements. (Chapter II, Volume I, of this report discusses this in more detail.)

What follows in this section is a state-by-state profile of the state welfare departments in Region X and the significant strengths and weaknesses of their day care programs.

4.6.1 Alaska.

The State of Alaska has geographical features which impact on the quality of care within the state. The 'bush' areas of Alaska present particular problems. The area is isolated from the main population centers which limits both the number and type of providers available to serve this population. This isolation also limits the amount of attention the administering agency devotes to the 'bush.' In addition to the isolation, most of the 'bush' has relatively primitive buildings, sanitation and health, and community resources. These factors limit the degree of compliance that can be expected. This area represents a section of providers for which waivers of some requirements would be appropriate. Unless waivers are allowed, either there will be no day care provided or it will remain out of compliance.

Apart from the 'bush'-related problems, Alaska also has other weaknesses which require attention if quality of care is to be upgraded.

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-- Day care traditionally has been understaffed. This understaffing is reflected in the uneven level of compliance within the state.

-- The state has not developed monitoring guides to assist the workers in uniformly enforcing either state or federal requirements.

-- The state standards are inadequate in the area of program. The state is currently modifying their state standards. It is not known at the present time what form the standards will take.

-- The assignment of day care licensing at the local level does not maximize worker skills and interests. The state often rotates day care licensing responsibility among available caseworkers rather then have specific staff assigned to monitor and license. (Generally, this is true only for family, group, and in-home provider licensing.) The result is that workers are unable to increase their expertise in day care licensing and monitoring.

-- A major problem faced by the state is the Title IV-A lid on social service expenditures. The lid has resulted in a cutback in the funds available for day care. The reduction of funds is reducing an already short supply of day care providers.

There are many positive features of the day care program in Alaska:

-- Quality day care has a relatively high priority in the state. This priority is reflected by the additional staff recently assigned to day care licensing and monitoring.

-- There has been good informal coordination between agencies who have responsibilities for day care.

-- The state agency is beginning to develop tools to assist in the monitoring and evaluation of day care providers.

-- Most of the providers are committed to a developmentally oriented approach to day care.

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4.6.2 Idaho.

The State of Idaho is the only state in the Region which has a voluntary state licensing law. This voluntary aspect of the Idaho law has made it more difficult for the state to enforce the mandatory federal day care requirements. Specific weaknesses noted in the state are:

-- Quality day care is a low priority for the state welfare agency.

-- The state standards are generally quite weak.

-- The use of rotating staff for day care monitoring weakens the quality of the monitoring effort.

-- The political climate of the state is adverse for the growth of developmentally oriented day care.

The main strengths of the state program are:

-- The Office of Child Development, in the governor's office, is beginning to study the overall state needs for child services and the available day care resources.

-- The OCD is potentially a good vehicle to implement a planning and coordination system for the state.

-- The state is involved in a national demonstration in educational TV to provide training to day care providers and parents.

-- Idaho has not yet expended all of the Title IV-A funds available to it. Thus, the monetary constraints faced by the other three states in the Region do not apply to Idaho.

4.6.3 Oregon.

The State of Oregon has developed a fairly comprehensive day care system. This strength also creates the main problems faced by the state.

The Title IV-A lid on expenditures for social services has had a major impact on the day care program. The

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various local 4-C's have invested heavily in the direct provision of day care. These expenditures are subject to the IV-A lid. The state may have to cutback day care expenditures to stay within the total allowable IV-A monies. A similar problem exists with migrant day care programs.

Other problems in the state day care program are:

-- The number of workers assigned to family day care licensing is insufficient to effectively monitor these providers.

-- There are no specific workers assigned to certify and monitor in-home caregivers.

-- There is a lack of statewide planning and coordination of the day care program.

The state has many strengths on which to build an improved day care program:

-- There has been a relatively good implementation of the 1968 FDCR.

-- There is sufficient staff to monitor day care centers.

-- The proposed state standards represent a significant upgrading in programmatic areas.

4.6.4 Washington.

The primary problems of the day care program in the State of Washington are:

-- Insufficient staff assigned to carry out monitoring functions.

-- In most offices, no specific staff are assigned to certify and monitor in-home care providers.

-- The lack of any effort toward statewide planning and coordination.

-- The inability of the state to make payment to providers in a timely manner.

Primary strengths of the day care program in Washington are:

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-- A relatively good implementation of the 1968 FDCR.

-- The most extensive development of monitoring guides of any of the states in the Region.

-- The most comprehensive current state standards, and the proposed standards build on this base.

-- The majority of providers attempt to provide developmentally oriented day care.

4.6.5 Summary. All four states have failed to implement fully the 1968 FDCR. Particular problems which have yet to be resolved by the states are arranging training for providers, arranging social services and other support services that are not provided by the operator, and state day care planning and coordination.

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VOLUME 2

Appendix A

Summary Comparison of State and Federal
Day Care Standards In
Region X

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SUMMARY: STAFF REQUIREMENTS BY STATE, '68 & '72 FDCR

	GENERAL	AGE	EDUCATION OR EXPERIENCE	HEALTH	OTHER (SPECIAL)
ALASKA	Affectionate attitude; deal firmly & consistently; good understanding of child growth & development.	Administrator or other responsible person--minimum of 21 years of age.	Responsible for staff supervision--high school (exceptions made)--demonstrated ability to care for group of children.	Physical exam within 6 months prior to employment or within 1 week after employment including TB test. Annually, thereafter.	Must provide character references.
IDAHO	Sufficient income & resources to comply with all bldg., maintenance & equip. requirements of local author & DSPS. Reserve funds to maintain services during period of low attendance, [illegible]			Day Care Parents Physically & emotionally suited to care for unrelated children.	Day Care Parents Three satisfactory references, including a physician.
OREGON	Adequate & competent staff at all times; a director to assume full responsibility of operation; each staff member be of good character & have temperment to work with children.			All paid & volunteer staff—physical exam within 1 yr. prior to employment or 30 days after, including TB test. Annually, thereafter.	
WASHINGTON	All staff & volunteers be emotionally stable, mature, & good character, ability & personality to meet physical, mental, emotional, & social needs of children.	Executive responsible for general management--21 yrs. Others--18 yrs. 16-18 yrs. under direct supervision of an adult.	Executive: 3 yrs. experience group care of children or BA in child development or related field. Educ. activities under supervision of one trained or exper. in child growth & development.	Paid & volunteer staff "in good health & free of colds & other commun. disease" TB test upon employment & every 2 yrs thereafter.	RN or LPN on duty at least 2 days a week to administer health program. Full-time RN or LPN when children less than 1 yr. given care.
'68 FDCR	Those providing direct child care have training or demonstrated ability in working with children		Educ. activities under supervision of one trained or experienced in child growth & development.	Staff & volunteers have periodic assessments of physical & mental competence. TB tests (unspecified time periods.)	Physical & mental competence better assured by assessment of competent supervisor than routine medical exams.
'72 FDCR	Each caregiver must have skill & competency to contribute to each child's physical, intellectual, personal, & social development.	Minimum--18 (less than 18 cannot be counted as staff/child ratio requirement. Centers & F/GDCH. Minimum age, 16--in-home care providers.	Min: read & write. 30% children in care BA or AA with 12 hrs. in child development on center 50% of time or H.S. & 3 yrs. experience or certified as child development associate.	Annual written evidence--all persons in direct child contact free of TB, syphilis, & other commun. diseases.	Operator must have management skills; able to relate to parents & community; & provide developmental child care.

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SUMMARY: PROGRAM REQUIREMENTS BY STATE & '68 & '72 FDCR

	GENERAL	PLAN	COMPREHENSIVENESS
ALASKA	Provide a program of varied activities that are wholesome & healthy & allow for group activities & individual interests.	Recommended group of activities but no written plan required.	Routine activities (eating, sleeping, washing, etc.). Toileting according to individual needs. Play at approximately some time daily.
IDAHO	Planned daily activities with reasonable regularity (similar sequence of daily events), e.g. regular provision for playing, eating, sleeping, & toileting.	Recommended group of activities but no written plan required.	Directed group activities and opportunity for full activity. Outdoor activities. Opportunities to learn good habits, to do things for himself and develop social relationships with others. An assortment of play materials & equipment should be provided.
OREGON	Suitable play materials chosen with view to age groups of children in care.	No specifications recommended & no written plan required.	No specifications.
WASHINGTON	Program planned in relation to growth & development of child. Provide a balance between quiet & vigorous activities (indoors & out) and between free and organized. Reasonable regularity of daily events, individual contact with staff, and sharing experiences among children.	Recommended group of activities but no written plan required.	Provide manipulative & construction materials, creative and dramatic play materials, books, outdoor equipment.
'68 FDCR	Educational opportunities provided every child appropriate to child's age, regardless of type of day care facility in which enrolled.	Recommended group of activities but no written plan required.	Have toys, games, equipment, & books, etc. for educational development & creative expression appropriate to type of facility and age level of child.
'72 FDCR	Each child provided with experiences, activities, guidance, & support to contribute to physical and emotional development and healthy developmental abilities; formed interactions contributing to social competence.	Written plan or schedule for each child/group of children with similar developmental needs.	Activities to promote coordination & perception; enhance intellectual & social development; opportunities for self-expression; enhance independence & self-reliance; understand themselves in relation to others; & for school age, extend or practice skills learned in school. Evidence of capability to carry out plan & availability of materials & equip. suitable developmental age of [illegible]

SUMMARY: PROGRAM REQUIREMENTS BY STATE & '68 & '72 FDCR (contd.)

	STAFF RATIOS	NUTRITION	REST
ALASKA	Center: 1:10 (no age categories) (minimum of two staff personnel per facility) FDCH: 1:6 (including own children)	A mid a.m. & mid p.m. snack. In care more than four hours, provide a complete, well-balanced meal. 1/3 child's minimum daily requirements to be provided. Planned in advance & posted. Obtain allergy information & plan accordingly. (Specifies types & amounts to be served.)	At least 1 rest period for children in care as long as 4 hrs. If more than 4 hours, a nap period of at least 1 hour. Each child to use the same bedding each day.
IDAHO	Center: 1:6 (0-18mos), 1:8 (18-30 mos) 1:10 (30 mos-school age). No specified ratio for school age. FDCH: 1:6 (0-14yrs) including own. No more than 4 may be day care children; no more than 2 less than 2 yrs. old.	Diet to be well-balanced and adequate to meet nutritional needs of children; served at regular hours, including noon meal & mid a.m. and mid p.m. snacks. Infants held during feeding. Parent provide food or formula & bottles (to be marked for use by individual child).	Sleeping room used for no other purposes with separate low cots for each child. Pads may be substituted if of sufficient thickness & not placed in drafts & on warm floors. Over night care in accordance with 24-hour foster care standards. Infants & toddlers separated from older children. Cribs for infants.
OREGON	Center/GDCH: 1/10 (min. of director/operator & 1 assistant) Separate staff for children under age 2. No state license required. FDCH: Cannot be federally certified for more than five children, including own.	Proper & adequate food provided. Morning & afternoon snacks in addition to lunch to be served. Sufficient quantity & quality to meet child's needs.	Rest periods as needed. Separate crib for children under 2 years. Individual beds or folding cots for all others. To be separated by not less than 2 feet on each side & both ends. Double-deck bedding prohibited.
WASH.	Center: 1:5 (less than 12 mos), 1:7 (12-30 mos) 1:10 (30 mos - 14 yrs) Minimum of 2 staff whenever more than 10 children in care. FDCH/GDCH: 1:6 (no more than 2 under 2 yrs)	Food preparation and service shall be provided to the extent the program requires such functions. Arrive before 7a.m. breakfast; departing after 6p.m. dinner, if not provided by parents. Spec. regulations RE: formula. Infants under 6 mos. held during feeding.	Supervised rest or nap periods. Separate, firm, clean, properly protected bed, cot or crib of sufficient size for each child. Easily laundered sheet or blanket to cover cot surface & child. Cots may be substituted with mats on approval.
'68 FDCR	Center: 1:5 (3-4 yrs), 1:7 (4-6 yrs), 1:10 (6-14 yrs.). FDCH: 1:5 (3-4 yrs), 1:7 (4-6 yrs), 1:10 (6-14 yrs)	Facility provide adequate & nutritious meals & snacks. Consultation with nutritionist or food service specialist should be available.	Safe & comfortable arrangements for naps for young children.
'72 FDCR	Center: 1:3 (0-18 mos), 1:4 (19-35 mos), 1:7 (36-53 mos), 1:10 (54-71 mos) FDCH: 1:4 (with 3 under 3 yrs), 1:5 (with 2 under 3 yrs), 1:5 (3-14 yrs), 1:13 (6-8 yrs), 1:16 (9-11 yrs), 1:20 (12-14 yrs)	To extent possible, take into consideration habits, preferences, & special needs. 1 meal per 5 hrs of care; 2 per 9+ hrs. Snack between breakfast & lunch, & lunch & dinner. Infants fed individually and diet appropriate to special developmental needs. Formula prepared to local health codes.	Designated place to sit quietly or lie down. Children under 6 yrs in care over 4 hrs., provided time & place to nap. Cribs or other suitable place for infants. Rest period according to individual needs. Bedding & bath facilities for overnight care.

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SUMMARY: PROGRAM REQUIREMENTS BY STATE & '68 & '72 FDCR (contd.)

	HEALTH & EMERGENCY TREATMENT	DISCIPLINE
ALASKA	Daily inspection required before child joins group. Not admitted if there are indications he has been exposed to communicable disease. Isolation arrangements until child can be removed from facility. Have health equipment, including tongue depressors, thermometer, flash light & fully equipped 1st aid kit.	Not to be subjected to cruel, unusual or unnecessary punishment.
IDAHO	Daily inspection of each child before entering group. If indications of illness--cold symptoms or skin diseases--will not be accepted for care. Have information to contact parent in event of illness or accident requiring immediate attention. Shall be "provision" for medical attention in an emergency. Have name & address of the physician to be called. 1st aid materials are to be present.	Discipline to meet needs of each child, & be humane. Authority to punish not delegated to older children. Not to be placed alone in room, put to bed, or deprived of meals. No cruel, severe, unusual, or unnecessary punishment inflicted upon the baby, or verbal threats or derogatory remarks re: child or family.
OREGON	Daily inspection of child--before parent leaves facility--for indications of illness. Sick children may not remain. Child who becomes ill while in care must be segregated from others until can be removed from the facility. Appropriate 1st aid equipment kept in locked cabinet. Name & address of family doctor or clinic should be obtained.	No harsh or severe punishment by any staff member. Meals/snacks not to be withheld as means of punishment.
WASHINGTON	Written medical policies & procedures, including orders for 1st aid, minor acute illness & proper actions to be taken--to be developed with advice & approval of a named, licensed physician. Ill children not accepted for care. Children who become ill while in care are to be separated from others until they can be returned to own home. Toys, equipment, etc. used by sick child cannot be used by others until properly disinfected. Written & signed authorization from child's physician & parent to administer medicine.	Discipline to be remedial rather than punitive based on needs & development. Harsh, severe, corporal, or humiliating or frightening punishment not to be administered.
'68 FDCR	Space for isolation for child who becomes ill while in care. Provide daily evaluation for indication of illness. Provisions for emergency medical or 1st aid treatment. Health & safety environment to be supervised by a qualified physician.	
'72 FDCR	Have planned source of medical care--known to staff & acceptable to parents. Place where ill or injured child can be separated from others. Written parental permission to administer medications. 1st aid/medical treatment chart & at least 1 staff member knowledgable in such techniques (1:30 in larger centers). Telephone & posted emergency numbers. FDCH--second adult readily available for emergencies.	Food not used as punishment or reward.

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SUMMARY: BUILDING & PREMISES REQUIREMENTS BY STATE, '68 & '72 FDCR

	GENERAL	SPACE	FIRE
ALASKA	Nursery: meet requirements for Group D, occupancies, uniform building codes of Pacific Coast Bldg. Officials Conference ('58) FDCH: Foster Boarding Home Standards--Sub Chapt. 2, Chapt. 2, Div. 2 of Title 7 Alaska Administrative Code.	Not less than 30 square feet of usable floor space per child (exclusive of hallways, bathrooms, lockers, closets, laundry, & furnace rooms, & that part of the kitchen occupied by stationary equipment.	Periodic inspections by State Fire Marshal or local fire department. Shall conform to all state & local fire protection regulations. Stairways in smoke proof enclosure accessible through smokeproof doors. At least 2 exits per floor.
IDAHO	Safe & convenient location, usually on the ground floor. Above 1st floor-provision for fire escape. Below 1st floor--dry, heated, lighted, ventilated, floor cover, and exits.	25 sq. ft. (centers), 35 sq. ft. (FDCH) available floor space per child excluding halls, isolation room, bath & toilet, & kitchen. Outdoor: Min. 75 sq. ft. per child less than 6 yrs. & 100 sq. ft. for 6 yrs. old plus. Adequate fencing when hazards are present.	Buildings have approval of local fire dept. Free from fire hazards and have adequate exits. Above 1st floor, provision made for fire escape. All centers must pass local Fire Department inspection.
OREGON	Indoor & outdoor play space, adequate, sleeping space, isolation facilities, lavatory & kitchen are considered essential to every day care facility.	All rooms for children to have at least 35 square feet of floor space.	Buildings have approval of State Fire Marshal & comply with local building codes. Above street level or grade.
WASHINGTON	Rooms & areas of sufficient size to accommodate number of children served. Furniture & equipment scaled to child-size. Arrange space to facilitate supervision of children.	Play and napping area allow minimum of 35 square feet per child. Safe outdoor play area with a minimum of 75 square feet per child.	Regulations re: fire walls, doors, etc. as outlined by State Fire Marshal. Alarms when 2 or more floors of 35 or more children. Drills with sufficient frequency to familiarize all with procedure. Extinguishers.
'68 FDCR	The facility and grounds must meet the requirements of the appropriate safety & sanitation authorities.	"Adequate" indoor and outdoor space appropriate to children's ages with separate areas for cooking, toilets, and other purposes.	
'72 FDCR	Every day care facility must meet required local & state fire, safety, sanitation, and licensing codes & regulations.	35 square feet indoor space per child (excluding bathrooms, kitchen or storage) Limited indoor space offset by sheltered, climate controlled outdoor space.	No highly flammable furnishings or decorations. Approved, working fire extinguisher. Safe heating system. Special provision made for handicapped children. Sufficient staff to carry all infants or toddlers. Written & posted evacuation plan with drills at least yearly.

SUMMARY: BUILDING & PREMISES REQUIREMENTS BY STATE, '68 & '72 FDCR (contd.)

	SANITATION	SAFETY	COMFORT
ALASKA	Shall conform to all applicable regulations in Title 7, Alaska Adm. Code and local regulations re: sanitation. Subject to inspection by state or local sanitation authorities. Approved utensils for preservation, storage & serving food. Clean bedding. Play equipment to be clean.	Furniture to be well constructed & safe. Play area to be well-drained. Stairway railings suitable to children & unobstructed.	Central heating unit (sole source of heat) Light & ventilation (as set forth in Section 5 of the Uniform Building Code.)
IDAHO	Must be adequate & meet Dept. of Health standards. Water, other than city health system must be approved by Dept. of Health. Adequate & accessible toilet facilities: 1:15 toilets & washstands. Preparation, serving, & storage of food according to Dept. of Health standards. (Operator's (contd.)	(Center) located in safe place. Equipment shall be safe. Floor free from splinters. Outdoor space safe from traffic & other hazards.	Light, ventilation & heat shall be adequate in the rooms used by children for play & sleeping.
OREGON	Sanitary fountain or individual cups. Individual wash cloths, towel, comb & kept sanitary. Rooms clean & sanitary at all times (including equipment & furnishings). Milk & food kept sanitary & under refrigeration. (Raw milk prohibited.) Garbage storage & collection meet State Board (contd.)	Children under competent adult supervision at all times. Outdoor space enclosed or patrolled to protect from street hazards. No hazards within play space permitted. Outdoor space be suitably surfaced with good drainage. No hazardous play materials.	Heating plant capable of maintaining 70° at a point 24" above the floor--all child occupied rooms well ventilated--280 cubic feet air space. Window-to-floor area--1:8.
WASH.	1:15 indoor, flush-type toilet & lavatory with hot & cold running water. Sewage into public system or independent system approved by local Health Dept. Kept free of flies, roaches, etc. & breeding places. Laundry equipment separate from kitchen dining. Storage of soiled linens. (contd.)	Physical plant, premises & equipment maintained free of hazards & in good repair. Handrails both sides of stairways. Screens or other satisfactory protection for fireplaces, windows, fans, ditches, swimming pools, etc. Tamper proof electrical outlets. Arrange space to facilitate (contd.)	Well ventilated mechanical exhausts in toilets, bathrooms, & housekeeping closets. Lighting at least 30 foot candles in classrooms (reading areas) & 15 foot candles all others. Temp. maintained between 68° & 74°F. Emergency lighting for facilities operating during hours of darkness.
'68 FDCR	Floors & walls which can be fully cleaned & maintained. Soap, individual paper towels. Food service & facility in compliance with State Board of Health (food sanitation laws).	Facility & grounds must meet requirements of appropriate safety authorities. Where codes don't exist or are not implemented, operating or administrative agency must secure technical assistance to provide adequate safeguards.	Ventilation & temperature adequate for safety & comfort. Where codes (local or state) don't exist or are not implemented, operating or administrating agency to work with appropriate authorities to secure technical assistance to provide adequate safeguards.
'72 FDCR	Sewage disposed through system approved by appropriate authority. Garbage collected and stored in sanitary manner. Water source approved by appropriate local authority. Adequate toilets & handwashing facilities. Provision for soiled diaper disposal. Infant bath facilities. (contd.)	Radiator, hot water pipes, etc. screened or insulated. Flammable, poisons, & other dangerous materials stored and accessible to authorized persons. Outdoor play areas fenced or other suitable barriers. Less than 10 years, no ponds/swimming areas accessible without supervision. Free of hazards (contd.)	Rooms are well lit. Effective heating system Emergency lighting.

SUMMARY: BUILDING & PREMISES REQUIREMENTS BY STATE, '68 & '72 FDCR (contd.)

	SANITATION (contd.)	SAFETY (contd.)	COMFORT (contd.)
ALASKA			
IDAHO	cows: assurance that milk is handled in sanitary way & cows are free of TB & Bangs disease. Purchased milk: pasteurized or from licensed raw dairy.) Day care center must pass Dept. of Health inspection screening during fly season.		
OREGON	of Health regulations. Free from flies & other insects. Play materials that can be cleaned and sterilized.		
WASH.	Water supply approved by State Dept. of Health. Disposable cups or inclined jet type fountain. All plumbing to comply with local code or Uniform Plumb. Code of Western Plumb. Officials Assoc. Walls, ceiling, & floors to be of cleanable surfaces. Comb or brush for each child (except "hourly").	child supervision. "Safe" outdoor play area. Cleaning supplies & poisons; medications in locked storage. Lavatory water no more than 110°F.	
'68 FDCR			
'72 FDCR	Clean & free of rodents, vermin, fumes, etc.	--splintered, sharp or protruding edges, etc. Railings on stairways; gates when infants/toddlers in care. Mark glass doors. Paint evaluated for lead content & caregiver within seeing or hearing distance (children less than 6 yrs. old).	

SUMMARY: PARENT PARTICIPATION & RECORD KEEPING REQUIREMENTS STATE '68 & '72 FDCR

	PARENT PARTICIPATION	RECORD KEEPING
ALASKA	NONE	Child: Name, birthdate, parent's name, or legal guardian. Address (home & work), telephone number (home & work). Name, address & telephone number of family physician. Other person in emergency. Date of admission, to whom discharged. Physical exam (within 2 weeks of admission) annual exam thereafter. Monthly day care report: (a) daily attendance by age grouping & length of care; (b) total # & # public supported; (c) new admissions & # withdrawals, # rejections. (con
IDAHO	NONE	Permanent record for each child to identify him, to communicate with parents (at home or place of employment) & names & addresses of physician: Full name, mo., day, & year of birth. Full names & addresses of parents, guardian or agency which placed him. Date accepted for care & date left center. Complete records showing given care.
OREGON	NONE	Name; Date of Birth; Address; Date entering care; Sex; Names, work address & telephone # of parent (guardian). Name of other person to contact in emergency. Daily attendance (include hour & with whom child left facility). Physical & TB prior to admission (within 90 days acceptable), medical history & innoculation record.
WASHINGTON	NONE	Child's full name, birthdate, dates of enrollment & discharge. Full names, addresses, & telephone #'s (home & business) of parent (guardian), physician's name, others to contact in emergency, authorized to take from facility. Daily attendance & fee payments. Health history & innoculation record upon admission (updated at least annually). Accident & illness record (include action taken).
'68 FDCR	Opportunities to work with the program & observe their children in the facility. Opportunity to be involved in decision making re: nature & operation of the facility. Policy advisory committee (centers serving 40+ children) with at least 50% parent or parent representatives: Assist in program development & approve funding applications; participate in selection of program director; advise re: staff & volunteer recruitment; suggest program improvements; hear (contd.)	No requirement for written records.
'72 FDCR	Goals, policies, & activities are explained to parents at time of enrollment; counseling re: appropriateness of program for individual child. Provided (adm. agency) with written grievance procedure. Operator aware of parent's wishes re: persons with whom child may leave facility, activities without direct supervision, & out-of-facility activities for school-age children. Facility serving 15+ children to have a policy advisory council (50% parent) (contd.)	Child's full legal name (preferred name), birthdate, current address, name & address of parent (guardian) or other responsible person (agency), telephone # & instructions to reach responsible person while child is in care. Authorized person to take child from facility. Person(s) other than parent to assume responsibility in emergency. Daily attendance record. Evidence of health evaluation & innoculations (every 6 mos. for children under (contd.)

SUMMARY: PARENT PARTICIPATION & RECORD KEEPING REQUIREMENTS STATE '68 & '72 FDCR (contd.)

	PARENT PARTICIPATION (contd.)	RECORD KEEPING (contd.)
ALASKA		Personnel: Education, experience, & references.
'68 FDCR	complaints; organize parent activities; & assume some responsibility to encourage parent participation.	
'72 FDCR	to approve grant applications for federal funds & periodically review policies & practices of facility.	36 mos. of age; every 12 mos. thereafter). Dental evaluation for children over 36 mos. of age. (Medical & dental within 2 mos. of enrollment). Statement of health or other special problems. Telephone # of regular source of health care. Notations of communications with parents.

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Appendix B

Scope of Study and Research Methods

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APPENDIX B

SCOPE OF STUDY AND RESEARCH METHODS

This study was designed to examine the effect of federal child care standards on current child care programs receiving federal funds in Region X, and to look at existing federal, state, and local mechanisms for ensuring quality care in federally supported programs.

A unique feature of the study is the use of the proposed 1972 federal child care standards, rather than the existing 1968 standards, as the baseline against which to measure the quality of a sample of federally supported child care settings in Region X. The 1972 FDCR were selected because they are more specific in identifying features of quality child care settings, less subject to varying interpretations, and, therefore, could be more uniformally measured. Also, by using the proposed federal requirements as the measuring instrument, advance data could be generated to allow the development of strategies for implementing the 1972 standards, at such time as they may be adopted.

Scope of the Study

This study looks at federally supported child care currently being provided in the states of Washington, Oregon, Idaho, and Alaska. Federally supported care, and the impact of Federal Day Care Standards, were examined both from the perspective of the state and local administrators of federal child care monies and from the perspective of the day care providers who must meet federal standards.

Since the states have the primary responsibility for administering the federal funds, and each state is responsible for setting up mechanisms for implementing the federal standards, a major study parameter was an examination of the variations in the four states programming. Since each state has its own day care licensing requirements which apply to all child care settings, not just federally funded ones, the variations among the states and between state and federal standards also were examined. The type and frequency of contacts between state and local administering agencies and day care providers was another major study parameter.

In Region X, providers receiving federal funds, care for children in a variety of settings, each of which has somewhat different state licensing requirements

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and is treated slightly differently by the federal standards. Unco examined each of the following day care settings:

In-Home Day Care: Day care services which are provided to the children from one family by someone other than the child's own parent(s). Such care may be provided in the children's own home or someone else's home by a relative, a friend, a neighbor, or anyone else employed to care for the children.

Family Day Care Home: The private home of a person who takes care of children, usually from more than one family. Such care may be provided by a relative, friend, neighbor, or someone who provides care for children as a business. Family day care homes are usually limited to the care of up to six children.

Group Day Care Home: An extended or modified family residence usually having a section of the residence especially reserved for day care activities with one or more employees working under the direction of the principal caretaker to assist in the day care activities. Group day care homes are usually limited to the care of 12 children.

Day Care Centers: A specifically designated day care facility which may be in a converted private dwelling, a settlement house, a school, a church, a public housing complex, or in a specially constructed building. A day care center usually serves more than 12 children.

Before and After School Care: A day care service which provides supplementary care during non-school hours, school vacation periods, and during the summer for children of school age who would otherwise lack adequate supervision by a responsible adult.

Day Care System: A series of day care providers linked to a common administrative unit. A day care system generally includes one or more day care centers, and a network of family day care and group day care homes.

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Research Methods

State and local administrators, day care providers, and parents with children in care in all four states were interviewed over a three-month field period to provide the data for this study. Initially, each state agency responsible for administering the state's federal child care dollars was contacted, and their cooperation was solicited in identifying those providers--day care centers, family day care homes, and in-home providers--who were currently receiving federal child care funds. The population of federally supported day care providers in Region X was stratified by state and by day care setting prior to sample selection. Within these strata, a 10 percent minimum random sample of providers was selected from each cell.* This procedure can be represented by a simple 2 x 2 matrix as follows:

	Center Providers	Family Day Care Providers	In-Home Providers
Alaska	10%+	10%+	10%+
Idaho	10%+	10%+	10%+
Washington	10%+	10%+	10%+
Oregon	10%+	10%+	10%+

When the 10% random sampling was completed for each state, it became apparent that some of the cells for Alaska and Idaho contained too few actual providers to give a representative picture of the care. In addition, a questionnare was mailed to 50 percent of the total sample of in-home providers. Therefore, the number of providers sampled in these cells was increased, resulting in the following distribution of sampled sites:

Family Day Care Homes	n	Percent of Total n of Federally Funded Providers
Alaska	25	11.9%
Idaho	25	10.8
Oregon	95	10.0
Washington	110	10.0

*Excluded from this sample size were group home day care, before and after school care, and day care systems which were sampled on an as-available basis.

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Day Care Centers

Alaska	15	30.0%
Idaho	15	34.8
Oregon	15	13.1
Washington	25	10.0

In-Home Care	Telephone Interviews	+	Returned Mailed Questionnaires	Total in Home
Alaska	25	+	9 = 34	33.3%
Idaho	25	+	7 = 32	17.4%
Oregon	50	+	62 = 112	12.4%
Washington	50	+	68 = 118	9.8%

A 15 percent over-sample was selected to obtain alternate sites, should it prove impossible to complete the interview with any of the original sample. In fact, this 15 percent over sample proved inadequate to replace those providers who were no longer providing care at the time of the field data collection. The turnover of providers, during the six months between the time the sample was compiled and the time that field work began, was exceptionally high for in-home and family and group day care providers. To overcome this, the interviewers had to verify the sample at each local welfare office. Those operators no longer providing services to federally funded children were removed from the list and an alternate from the 15% over-sample was selected and verified. If a sufficient number of providers was unobtainable from this process, substitute operators were randomly selected from local welfare office lists of current day care providers until the sample required was obtained. The need to go to each local welfare office to replace the sample was created by the lack of a complete, centralized, automated information system in any of the four states. Idaho and Alaska, for example, relied completely on information compiled by hand in regional and local welfare offices. Oregon had a partially automated system, but it did not include in-home providers. The State of Washington's information system provided lists of parent users, but did not indicate the name of the actual provider.

In addition, each state was asked to identify the parents of children receiving federally supported in-home care. A questionnaire was mailed to 50 percent of the parents on these lists.

All state and local administrators of federal child

care monies were identified and were interviewed in person by the project manager.

The Instruments

The study required the design of three major sets of instruments:

A. Providers Instruments

Day Care Centers

Mailed pre-visit questionnaire
On-site interview schedule

Family/Group Day Care Homes

Mailed pre-visit questionnaire
On-site interview schedule

In-Home Providers

Mailed questionnaire also used for telephone interview

B. Parent Questionnaire

Mailed questionnaire

C. Administering Agency Instruments

Open-ended interview schedule

The Provider Instruments

This series of questionnaires was designed to reflect the unique features of the various types of day care settings and to compare present operations with those which would be required if the 1972 FDCR requirements were adopted. (Copies of the questionnaires are in Appendix B). The questionnaires for day care centers, family day care homes, and group day care homes were divided into mail-out and on-site sections. The mail-out portion of the questionnaires contained a series of closed-ended questions to develop a basic profile of the provider. Thus, questions such as length of time licensed, licensed capacity, staff profiles, and child profiles were included. A significant portion of the mail-out questionnaires was devoted to the obtaining of data to reflect the actual cost of providing care. The on-site questionnaires were designed to

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cover, in greater detail, current operations as compared with specific Federal Day Care Requirements of the June 19, 1972 draft standards. In addition, operators were asked questions regarding their relationships with the administering agencies, linkages to other day care providers, problems relating to meeting standards, primary problems in being a day care provider, relationships with the parents of the children served, and staff-related practices and problems. The mail-out and on-site questionnaires provide that each Federal Day Care Requirement for an operator is covered by a question and/or an observation checklist item.

The in-home providers were handled in a different manner. The Federal Day Care Requirements for in-home care relate only to the competence of the provider. The facility is not subject to any requirement, nor are the number of children subject to any limitation other than they must all be members of the same family. The four states do not have a licensing procedure for in-home care providers, but only approve child care plans for families who receive federal funds. A mail-out questionnaire was sent to the selected sample of in-home care providers which was to be returned to the contractor. A separate sample of in-home care providers had an identical questionnaire administered through a telephone interview to validate the answers obtained from the mail-out questionnaires. Questions asked of in-home care providers related primarily to their background and experience in the area of child care, the types of duties performed, hours and days worked, pay, and their relationship with the administering agency.

Parent Instrument

A parent questionnaire was mailed to a sample of parents using in-home care. The parent sample was matched with the mail-out sample of in-home care providers. The parent questionnaire addressed issues relating to features of day care important to the parents, satisfaction with their current day care arrangements, and the hours and days they require day care services.

Administering Agency Instrument

The final open-ended interview schedule developed for this study was related to administrating agency

practices. The schedule was basically threefold in purpose: (1) to identify the significant practices administering agencies use to assure the quality of care children receive; (2) a series of questions relating to the planning and coordination of day care services; and, (3) a series of questions to elicit opinions about the role of state and federal day care requirements.

When the field team and permanent project staff completed all interviewing, the data from the completed questionnaires was coded and put on Unco's pre-programed Generalized File Maintenance (GFM)* to facilitate data handling during the analysis period.

Exemplary Child Care Settings

As discussed earlier, two less common day care settings were also included in this study, before and after school programs and administratively linked systems. Since these are less common and subject to considerable individual variation, no formal questionnaire was developed for those situations. Rather, a loosely structured interview guide provided the basis for the on-site conversations with program staff, administrators, and associated providers in these situations.

*An Unco proprietary system.

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VOLUME 2

Appendix C

Data Collection Instruments

00209

Budget Bureau No. OMB-85-S-72028
Approval Expires: 30 May 1973

ADMINISTERING AGENCY QUESTIONNAIRE

AGENCY: _____ LOCATION: _____

NAME OF INTERVIEWEE: _____

JOB TITLE: _____

BRIEF DESCRIPTION OF JOB RESPONSIBILITIES: _____

_____

_____

SECTION I.

1. How does this agency monitor facilities and programs to ensure compliance with FIDCR?

_____

_____

_____

2. How often are facilities monitored?

_____

3. What procedure is utilized to handle complaints that are received about the care provided?

_____

_____

_____

4. What criteria do you use in determining the time frame for correcting deficiencies noted either as a result of the monitoring or a complaint?

_____

_____

_____

5. How many staff do you have available to monitor day care facilities?

_____

6. How many facilities, and by what type of facility is each staff person responsible (excluding new applications) to monitor?

Family Day Care Homes	_____
Day Care Centers	_____
Group Homes	_____
Other (specify) _____	_____
TOTAL	_____

7. What is the average number of mandays/hours of your staff's time taken to monitor/evaluate each type of facility? (Identify any significant variations.)

Family Day Care Homes	_____
Day Care Centers	_____
Group Homes	_____
Other (specify) _____	_____

8. What is the average monthly salary of persons who have monitoring responsibilities?

_____

9. What is the monthly average of new applications per staff person by type of application?

Family Day Care Homes	_____
Day Care Centers	_____
Group Homes	_____
Other (specify) _____	_____
TOTAL	_____

10. What is the average number of mandays/hours of your staff's time taken to process a new application by each type of facility?

Family Day Care Homes _____

Day Care Centers _____

Group Homes _____

Other (specify)_____ _____

11. Do you utilize other information sources to assist in monitoring activities? List source and type of information.

_____

_____

_____

_____

12. To whom do you submit your monitoring findings?

_____

13. What use do they make of the findings?

_____

_____

_____

14. What sanctions do you utilize to bring about compliance?

_____

_____

15. How was the monitoring and evaluation plan developed?

_____

_____

16. How is it carried out?

_____

_____

17. Does your agency have an advisory committee for day care?

Yes _____

No _____

18. What is the composition of the advisory committee?

Parents _____%

Lay _____%

Professional _____%

Government Representatives _____%

19. Are parents and advisory committees involved in monitoring and evaluation?

Yes _____

No _____

If yes, how are they involved? _____

_____

20. How do you determine the needs of day care providers for health, mental health and social services?

_____

_____

_____

21. How are these services coordinated among day care providers?

_____

_____

22. How do you supervise services that are purchased?

_____

_____

23. What percentage of services are provided by contract purchase, etc.

Health _____%

Mental Health _____%

Social Services _____%

24. Do you assist providers of service in developing procedures to carry out support services?

Yes _____

No _____

25. Do you have available a current list of social services available in the community (ies)?

Yes _____

No _____

26. How often do you update it?

Monthly _____

Quarterly _____

Semi-annually _____

Annually _____

As needed _____

27. How effective is this list?

_____

_____

28. How many persons use this list during an average month?

_____

29. What type of training does the agency provide to day care providers?

_____

_____

30. Does the agency directly provide the training and/or does it purchase training services?

_____

31. What is the nature of the agency training plan?

_____

_____

32. How often is it updated?

_____

33. What criteria was utilized to develop the training plan?

_____

_____

34. What selection process is involved to determine who receives what type of training?

_____

_____

35. Indicate the number of persons trained in the past year, by content area, and show the length of training.

Content Area	No. Trained	Length of Training

36. Do any facilities that you monitor provide transportation services?

Yes _____

No _____

37. If question 36 was answered "yes", how do you ensure that FIDCR is being complied with in this area?

_____

_____

_____

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38. What are the major constraints which impact your monitoring and evaluation functions?

_____

_____

_____

39. How does the agency plan to implement the 1972 FIDCR?

_____

_____

_____

40. Will the 1972 FIDCR require any change in state strategy for day care provision.

Yes _____

No _____

If yes, how? _____

_____

_____

41. Will the new standards require any additional staff?

Yes _____

No _____

If yes, what areas of the standards have an impact on staff requirements?

_____

_____

_____

42. What, if any, changes in your state licensing law are indicated by the 1972 FIDCR?

_____

_____

_____

_____

43. What areas of the new standards will impact day care providers?

_____

_____

_____

_____

44. What additional costs will be incurred by day care providers?

_____

_____

_____

_____

_____

45. What do you think it will cost for each provider of day care by type of care?

Day Care Center $_____

Family Day Care Home $_____

Group Home $_____

In-Home Care $_____

46. Are there any areas where cost savings will be possible?

Yes _____

No _____

If so, how much savings, and in what area(s): _____

_____

SECTION II

1. Do FIDCR reflect an adequate level of child care?

   Yes _____

   No _____

   If no, in what ways do they need change to meet an adequate level of care?

   _____

   _____

   _____

   _____

   _____

2. What alternatives to present programs would you undertake without FIDCR?

   _____

   _____

   _____

   _____

3. What impact would this have on the cost of the program?

   _____

   _____

   _____

4. What impact has the use of waivers had in providing greater flexibility in the provision of day care?

   _____

   _____

   _____

   _____

5. Do you believe that the FIDCR has had any impact on the quality of day care services (either positive or negative)?

   Yes _____

   No _____

   If yes, indicate which requirements, and why:

   _____

   _____

   _____

6. Have you noticed any difference over time in the way the Federal Government (regional or central offices) have interpreted and applied FIDCR?

   Yes _____

   No _____

7. Do you believe that FIDCR assists in meeting the objectives of child care services?

   Yes _____

   No _____

8. Do FIDCR impose additional administrative demands on your agency?

   Yes _____

   No _____

   If yes, in what way? _____

   _____

   _____

9. What do you consider to be the major emphases or priorities in FIDCR?

   _____

   _____

10. Does state licensing have an effect on the quality and level of day care services in the state/locality?

Yes _____

No _____

If yes, in what ways? _____

_____

_____

_____

11. Which requirements in the 1972 FIDCR do you feel providers of day care will have the greatest difficulty meeting?

Rank I

II

III

IV

V

99-4

12. What impact will this have on the provision of day care services?

_____

_____

_____

13. How long do you think it will take providers to meet these requirements?

Rank I

II

III

IV

V

14. How would you assist providers in meeting the requirements?

_____

_____

15. Do you feel the requirements for In Home Care are adequate?

Yes _____

No _____

If no, in what areas are they deficient? _____

_____

_____

16. What should be the standards for In Home Care?

_____

_____

_____

17. How does your agency monitor In Home Care quality?

_____

_____

_____

18. How often does this monitoring take place?

_____

19. How do you recruit providers for in-home care? _____

_____

_____

20. How do you match provider and parent? _____

_____

_____

SECTION III.

1. What is your agency's strategy for providing day care services?

2. How does this strategy coincide or compete with other agencies' strategies?

3. What is the state strategy for day care services?

4. How does the state involve local operating/administering agencies in designing the state plan and in the allocation of state resources for day care?

5. What methods are used to evaluate the impact of fund expenditure on needs?

6. Is a needs assessment incorporated into the state planning process for day care?

   Yes _____

   No _____

   If "yes", how?_____

7. Who has the overall responsibility in this state for planning and coordinating day care services?

8. What means have been used to avoid duplication and to provide common sharing of administering agency support resources for day care?

9. How are day care programs with differing administering agencies coordinated in both planning and operation?

10. What percent of the total demand for day care services are being met in this state?

    _____ %

11. What priorities are used in allocating resources in the state for day care programs?

12. What gaps exist within the state in the provision of day care services? (These gaps may be geographic, child age considerations, special target groups, etc.)

13. What would you do to overcome these gaps?

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14. How does this agency attempt to encourage consumer involvement in the planning for day care?

_____

_____

_____

_____

_____

15. How does the agency integrate parental choice and demand to the provision of day care services?

_____

_____

_____

_____

_____

16. Does this state have a 4-C committee?

Yes _____

No _____

17. What do you see as the primary goal of the 4-C committee?

_____

_____

_____

18. Are you involved in the state planning process for programs that include day care services?

Yes _____

No _____

If yes, indicate the state plan/agency.

_____

_____

19. Are you involved in any planning process besides your own at the state/local level?

Yes ___

No _____

If yes, indicate which:

LEAA ___

Model Cities ___

4-C's ___

Other (specify) ___

20. If you are involved in any planning process by what method are you involved? (May include such things as a review and comment procedure, submission of plan, etc.)

_____

_____

_____

Budget Bureau No. OMB-85-S-72028
Approval Expires: 30 May 1973

DAY CARE CENTER PROFILE

PRE-VISIT MAILOUT QUESTIONNAIRE

(CIRCLE THE NUMBER NEXT TO THE ANSWER THAT APPLIES TO YOUR CENTER. FOR QUESTIONS IN WHICH MORE THAN ONE ANSWER MAY APPLY, CIRCLE THE NUMBERS OF EACH. FILL IN THE BLANKS WHERE SPACE IS PROVIDED.)

I. FACILITY CHARACTERISTICS

1. Sponsor type (please name sponsoring group):

   1 Private, profit _____
   2 Private, non-profit _____
   3 Public _____
   4 Head Start affiliate _____
   5 Other (specify) _____

2. Is yours a licensed day care facility?

3. If yes, what is your licensed capacity?_____

4. How long have you been licensed/operating as a day care facility?

   1 Less than 6 months
   2 6 months to 1 year
   3 1 to 2 years
   4 2 to 4 years
   5 5 to 9 years
   6 10 years or longer

5. Facility is located in:

   1 Urban residential area
   2 Industrial area
   3 Commercial area
   4 Suburban residential area
   5 Rural area
   6 Other (specify)_____

6. What are the geographic boundaries of your services?

   1 Target area (specify)_____
   2 No boundaries
   3 Other boundaries (specify)_____
   _____

7. Facility space is owned by:

   1 Religious organization
   2 Non-profit organization (YMCA, etc.)
   3 Hospital
   4 Business or industry (for profit)
   5 Housing authority
   6 Other city/county government agency
   7 Owned by operator
   8 Other private party
   9 Other (specify)_____

8. Leasing arrangements:

   1 Rental/mortgage payment, full-cost $_____/month
   2 Rental/mortgage payment, partial cost $_____/month
   3 Donated space
   4 Other (describe):_____

9. Facility is accessible by:

   1 Public transportation
   2 Private transportation only
   3 Other (specify):_____

10. Facility is within walking distance of park areas (1/2 mile):

    1 Yes
    2 No

II. SERVICE FEATURES

11. Hours open: (CIRCLE "am" or "pm")

Monday-Thursday:	From _____	am/pm	To _____	am/pm
Friday:	From _____	am/pm	To _____	am/pm
Saturday:	From _____	am/pm	To _____	am/pm
Sunday:	From _____	am/pm	To _____	am/pm
Holidays:	From _____	am/pm	To _____	am/pm

12. Are you open year-round?

    1 Yes
    2 No

    If no, specify when closed:_____

13. Types of service offered:

    1 Full-day
    2 Half-day
    3 Drop-in/hourly
    4 Before school
    5 After school
    6 Overnight
    7 Other (specify):_____

16. Do you accept and provide care for enrolled children who are brought to the center ill?

1 Yes
2 No

If no, what is your procedure? _____

15. Center provides transportation:

	Always	Sometimes	Never
To center only	1	2	3
From center only	1	2	3
To and from center	1	2	3

14. Does the center provide transportation for field trips?

1 Yes, always
2 Yes, sometimes
3 No

17. Do drivers receive special training in handling children?

1 Yes
2 No

III. ELIGIBILITY AND FEES

18. Do any of the following affect the eligibility of a child to be admitted to your program? (IF "YES", PLEASE DESCRIBE IN SPACE PROVIDED FOLLOWING EACH ITEM.)

		Yes	No
a.	Age of child _____	1	2
b.	Sex of child _____	1	2
c.	Race of child _____	1	2
d.	Religion _____	1	2
e.	Language spoken by child or parent _____	1	2
f.	Medical/dental health reasons _____	1	2
g.	Other _____	1	2

19. Are the admission restrictions/requirements written and available to all interested parents?

1 Yes
2 No

20. Fees are set: (PLEASE ATTACH A COPY OF YOUR FEE SCHEDULE.)

1 On a flat-rate basis
2 On a sliding scale based on family income
3 On a sliding scale based on family size
4 Based on age of child
5 Special welfare rates
6 Other (specify): _____

21. Does fee include transportation to and from center?

1 Yes
2 Yes, charge extra
3 Not applicable

22. Does fee include payment for the days children are absent?

1 Yes
2 No

IV. PROFILE OF CHILDREN SERVED

23. Number of children, by category, receiving care:

_____ Infant (0 through 18 months)
_____ Toddler (19 through 35 months)
_____ Pre-school (3 years through enrollment in 1st grade)
School-age:
_____ (6 through 8 years)
_____ (9 through 11 years)
_____ (12 through 14 years)

_____ TOTAL NUMBER OF CHILDREN ENROLLED

24. Number of children by racial/ethnic group:

_____ White
_____ Black
_____ Spanish-speaking
_____ Native/Indian
_____ Oriental
_____ Other (specify): _____

_____ TOTAL NUMBER OF CHILDREN ENROLLED

25. Number of "special interest" children currently receiving care in your program:

_____ Physically handicapped
_____ Emotionally disturbed
_____ From migrant farm worker families
_____ Bilingual
_____ Other (specify): _____

26. Do you serve children from families receiving child care payment assistance, such as welfare or work-training program payments?

1 Yes
2 No

27. Number of private pay and state or federally assisted children enrolled:

_____ By self pay
_____ State/federally assisted payments

_____ TOTAL NUMBER OF CHILDREN ENROLLED

29. What is the primary income category of your client population? (CIRCLE ONE RESPONSE ONLY.)

1 Low
2 Middle
3 Upper
4 Mixed (about evenly)

30. What is the average number of months that a child stays in your program?

1 Less than 3 months
2 Three to six months
3 Six months to one year
4 More than one year

31. What is the average number of hours per day a child is at your center?

1 1 - 3 hours
2 3 - 6 hours
3 6 - 8 hours
4 8 - 9 hours
5 9 - 10 hours
6 Longer than 10 hours

32. Under what circumstances would a child be in the facility for 10 hours or more?

_____
_____
_____

33. Number of children in the center at specific times of day.

(PLEASE FILL IN THE TOTAL NUMBER OF CHILDREN WHO ARE AT THE CENTER AT THE TIME PERIODS LISTED IN THE LEFT HAND COLUMN. THEN INDICATE IN THE REMAINING [illegible] THE NUMBER OF CHILDREN WHO FALL INTO EACH SPECIFIC CATEGORY. CHILDREN WHO HAVE SEVERAL HOURS AT THE CENTER SHOULD BE COUNTED IN EACH TIME PERIOD WHICH THEY ARE IN ATTENDANCE.)

TIME PERIODS	TOTAL IN CENTER	NUMBER OF CHILDREN BY AGE						
		(OPTIONAL)	13-35 MONTHS	36-53 MONTHS	54-71 MONTHS	6-8 YEARS	9-11 YEARS	12-14 YEARS
5-7 a.m.								
7-9 a.m.								
9-11 a.m.								
11-1 p.m.								
1-3 p.m.								
3-5 p.m.								
5-7 p.m.								
7-9 p.m.								

-5-

V. PROFILE OF STAFF

34. Total number of paid staff:

Center payroll:
_____ Full-time
_____ Part-time

Paid from other sources (such as CETA):
_____ Full-time
_____ Part-time

_____ TOTAL NUMBER OF PAID STAFF

35. Sex distribution of staff:

	NUMBER OF STAFF
Number of men employed:	
Number of women employed:	
TOTAL	

36. Racial/ethnic distribution of staff:

White	
Black	
Spanish-surnames	
Eskimo/Indian	
Oriental	
Other (specify): _____	
TOTAL	

37. Age distribution of staff:

18 - 25 years	
26 - 35 years	
36 - 45 years	
46 - 55 years	
56 - 65 years	
65 years or older	
TOTAL	

38. Are there any paid staff members under the age of 18?

1 Yes
2 No

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61. If "yes," in what capacity are such employees used?

62. Do you have students who are working for school credit in your program?

1 Yes How many? _____
2 No

63. About how many student hours are served per week?

_____ Student hours per week

64. In what capacity are students used?

65. What is the average number of employees who spend at least 1/4 of their on-duty time specifically on the supervision of children?
(PLEASE FILL IN THE NUMBER FOR EACH TIME PERIOD OF OPERATION, THE TOTAL NUMBER OF PERSONS ON DUTY IN THE FIRST COLUMN. THEN INDICATE IN ADDITIONAL 4 COLUMNS THE NUMBER OF THOSE STAFF MEMBERS WHO FALL INTO EACH QUALIFICATION/WAGE CATEGORIES LISTED. STAFF WHO ARE IN CENTER MORE THAN 2 HOURS A DAY SHOULD BE COUNTED IN EACH TIME PERIOD WHEN THEY ARE ON DUTY. INCLUDE ANY AND CHECK (✓) BOXES, IF

TIME PERIOD	TOTAL # STAFF IN UNIT	NUMBER OF STAFF IN QUALIFICATION/WAGE CATEGORIES: LACKING DEGREE	UNDER MINIMUM WAGE	MINIMUM WAGE OR (CERTIFIED)	M.S. DEGR. W/3+ YRS. EXPERIENCE	M.S. WITH LESS THAN 3 YRS. EXP.	M.S. DEGR.
6-7 am							
7-9 am							
9-11 am							
11-1 pm							
1-3 pm							
3-5 pm							
5-7 pm							
7-9 pm							

66. Do you use volunteers in your program?

1 Yes
2 No (SKIP TO SECTION III, "ACTIVITIES FLOW")

66. How do you recruit volunteers?

67. How do you use volunteers in your program?

68. Do you use the same volunteers:

1 Sometimes
2 Frequently
3 All the time

69. Can you generally count on volunteers reliably?

1 Sometimes
2 Often
3 Regularly

70. In planning your program and scheduling your staff, how do you view the role of your volunteers?

1 Vital to program quality
2 A useful supplement to skills already present among staff
3 Relieve staff of such "busywork" as routine supervision
4 Other (PLEASE SPECIFY) _____

71. Is orientation provided for volunteers?

1 Yes, formal
2 Yes, informal (Specify) _____
3 No

72. Is there a planned in-service training program for volunteers?

1 Yes
2 No

73. Do volunteers have separate training from employed staff?

1 Yes
2 No

52. If a separate training program is provided for volunteers, do volunteers ever participate in employed staff training programs?

1 Yes
2 No

53. Do volunteers ever become paid staff?

1 Yes
2 No

54. What difference do you think it would make to your program if there were no volunteers?

_____

_____

_____

_____

VI. PARENT INVOLVEMENT IN PROGRAM

55. How are parents involved with the center?

1 Parent Council/Advisory Group

2 Parents on Center or Agency Board

3 Parents hired as staff

4 Parent volunteers

5 No parent involvement

56. Do you conduct parent conferences?

1 Yes
2 No

57. If parent conferences are conducted, indicate the type of conference:

1 Informal/non-planned (i.e., at pick-up or drop-off time)

2 Formal Group Conference, held less often than once a month

3 Formal Group Conference, held once a month or more frequently

4 Individual Conference, less than once a month

5 Individual Conference, once a month or more

6 Individual Conference, as requested by parent or operator/ caregiver

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COSTS OF PROVIDING DAY CARE SERVICES

One important difference among day care centers is the amount that it costs to care for a child per day. Some centers provide health services or transportation, while others may not. In order to compare centers, the costs for each service provided should be looked at separately so that you can see where the real differences in cost per child occur.

In this project, which focuses on child care programs currently receiving some federal dollars, it is important to look at the varying costs of providing care throughout the states. This is of particular interest since the amount of federal per-child allocations for parents in work, training, etc., is fixed on a statewide basis. This fixed amount may or may not be adequate to meet the costs of providing care at various centers in the state.

The attached cost format is designed to get at the "normal" costs of operating each of your center's program elements or activities during a one-year period. Preceding each page on which you are to list costs, there is a sample format which provides you with an example of what a completed form will look like. The format is designed to record annual costs but, when you know monthly costs such as rent or utilities, you may simply multiply these costs by 12 to arrive at the yearly amount.

Since your major budget item will be staff salaries, we would appreciate your carefully filling out this portion of the format. It is in this area that the greatest variation in costs among centers occurs, and is of special interest for center planning.

We would appreciate your taking the time to go through your records for a one-year period and filling in the cost forms attached here as best you can before our field worker visits your center.

If you have questions, there will be time to go over the forms during our visit.

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In order to explain more clearly how to allocate your costs to the various elements of your center program, the following examples and formats have been drawn from a publication prepared for a study of the Southeastern Day Care Project.[1]

STEP I:

In going through your accounting records, determine whether your non-personnel expenditures were for a Supply item (that is, an item that is consumed or pretty well used up during three years) or whether it is Equipment (those items that should last longer than three years). A further guideline to distinguish Equipment is that it generally costs at least $150. Furniture, appliances, typewriters, fences, cabinet work or major renovations are examples of Equipment. Tricycles, pots and pans, most toys, small appliances, childrens' record players, cots, food, gasoline and utilities are examples of Supplies.

On the blank form following "Sample Format #1", please list your supply and non-payroll expenses for a one-year period under one of the eight functions described below. As noted above, data applicable to a shorter period may be expanded to a period of a year.

Eight Major Center Functions

1. Management and Administration: This covers all management and administration functions and includes such supply items as all office supplies, liability insurance, telephone bills, postage, printing, office equipment and equipment maintenance.

2. Child Care: This item includes all the various materials that are related to caring for and "teaching" children. Examples are all toys that do not appear to have a lifetime exceeding three years, books, strollers, diapers, diaper service, towels and linen service used for children, teaching materials, and craft supplies.

3. Food and Eating: All actual food and all items related to eating, drinking and cooking. This includes such items as pots and pans, dishes, cutlery, paper cups and napkins. This should include the entire food bill without subtracting USDA reimbursements, if applicable. This does not include kitchen Equipment, such as major appliances which have a lifetime exceeding three years and costs $150 or more.

4. Plant and Maintenance: Rent, janitorial contract and supplies, utilities such as water, gas and electricity, routine repairs, small hardware such as curtain rods and small rugs are included here.

[1] Eve C. Galambos, Ph.D., "A Cost Analysis System for Day Care Programs," Southern Regional Education Board, Sept., 1971. Reprinted with permission of Day Care and Child Development Council of America.

5. Transportation: Gasoline for Project vehicle, cost of purchase or rental of vehicle if center provides it, repairs of vehicle, fees paid by center to an outside source who transports children, and auto insurance.

6. Health: All doctors' fees, dentists' fees, clinic charges, first aid supplies, special health examinations.

7. Social Service: Supplies for a parents' party or any other supplies or services procured especially to provide social service to families. An example is fabric bought to teach mothers to sew. The sewing machine would be Equipment.

8. Special Functions: Supplies used primarily for training of staff (such as, filmstrips, subscriptions to magazines for their training, photographic supplies), travel expenses for staff to attend meetings, and special fees to care for children while center is closed for renovations. Consultant fees charged for technical assistance or staff training, etc.

STEP II:

When you have completed the supply breakout, please look at "Sample Format #2". On the blank form following the sample, list gross pay and fringe benefits for each individual on the project payroll for the entire annual period covered on the first form. "Fringe benefits" refers to the employers contribution to retirement, social security and other benefits. Not included here are any contract service fees for janitorial services or staff training. These should be listed under the appropriate categories on the non-personnel form.

After listing total personnel costs per individual in the first column, please distribute these costs into the functional areas to which their time is given (i.e., 50% of the annual salary of the Driver/Janitor would be placed under "Transportation" and 50% of the salary would be allocated to "Plant and Maintenance". About 80% of a Director's time is often spent on "Management and Administration" while 20% may be spent on "Special Functions".

STEP III:

The blank form following "Sample Format #3" provides you a place to itemize your equipment purchases during the same one year period with a brief identifying description, such as:

Freezer - $450
Gym set - $150
Air Conditioner - $250

If yours is a non-profit center, you [illegible] to count depreciation. Go on to Step IV.

On this sheet, there is a column provided for Annual Depreciation of Equipment which you can estimate at about 10% per year. During

Sample Format #1

Model Center
July 1, 1971 - June 30, 1972

SUPPLIES AND NON-PERSONNEL COSTS

ITEM / CATEGORIES	MGT. & ADMIN.	FOOD	CHILD CARE	HEALTH	TRANSP.	PLANT & MAINT.	SOC. SERV.	SPECIAL PROJECTIONS
Rent x 12 mo.								
Utilities x 12 mo.								
Telephone x 12 mo.								
Office Supplies								
Gasoline								
Travel Reimbursement								
Kitchen Supplies								
Foodstuffs								
Program Supplies								
Cleaning Supplies								
TOTALS								

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- 4 -

ose year of a program, for example, the cost of a refrigerator would be listed at a total price of $350 and as $35 for depreciation. If you normally depreciate other equipment -- particularly large equipment -- which you bought earlier in the program, you may list this older equipment and its annual depreciation on this page. Since you did not incur this expense during the reporting year, do not list the purchase price.

(2) [illegible]

The blank form following "Sample Format #4" is for recording donated funds and services for the same one-year period. All donated goods or goods obtained at reduced costs and all services extended to the center that are essential to the present quality of your program and which you would otherwise have had to purchase should be recorded here. Examples include medical services provided free by a private doctor or from an agency, or a regular volunteer staff member's hours. In both goods and services, an estimate of fair current value will have to be made before they are listed.

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Name of Center: _____ Reporting Year: From ___/___/ To ___/___/
Mo. Yr. Mo. Yr.

SUPPLIES AND NON-PERSONNEL COSTS

ITEM CATEGORIES	NUT. & ADMN.	FOOD	CHILD CARE	HEALTH	TRANSP.	PLANT & MAINT.	SOCIAL SERVICE	SPECIAL FUNCTIONS
TOTALS								

Sample Format #2

Model Center
July 1, 1971 - June 30, 1972

PERSONNEL COSTS

Gross Pay and Employer's Share of Fringe Benefits

POSITION TITLES	ANNUAL GROSS PAY & FRINGE	NUT. & ADM.	F O O D	H E A L T H	CHILD CARE	TRANSP.	PLANT & MAINT.	SOC. SERV.	STAFF SUPPORT FUNCTIONS
Center Director									
Teacher									
Teacher									
Driver-Janitor	5								
Social Worker									
Day Care Aide									
TOTALS									

00225

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Name of Center: _____ Reporting Year: From ____/____/ To ____/____/
Mo. Yr. Mo. Yr.

PERSONNEL COSTS
Gross Pay and Employer's Share of Fringe Benefits

POSITION TITLES	ANNUAL GROSS PAY & FRINGE	MGT. & ADMN.	FOOD	HEALTH	CHILD CARE	TRANSP.	PLANT & MAINT.	SOCIAL SERVICE	STAFF SUPPORT FUNCTIONS
TOTALS									

Simple Format #3

Model Day Care Center
July 1, 1971 - June 30, 1972

EQUIPMENT PURCHASES

ITEMS	DEPRECIATION RATE	COST	DEPRECIATION 1st Year	2nd Year	3rd Year	4th Year
Refrigerator						
Projector						
Bicycle						
Camera						
Bus						
Out-of-Pocket Equipment Cost						
Depreciation of Equipment Cost						

00228

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Name of Center: _____ Reporting Year: From ____/____/ To ____/____/
No. Yr. No. Yr.

EQUIPMENT PURCHASES

ITEMS	DEPRECIATION RATE	COST	DEPRECIATION 1st YEAR	2nd YEAR	3rd YEAR	4th YEAR
Out-of-Pocket Equipment Cost						
Depreciation of Equipment Cost						

Sample Format #4

Model Center
July 1, 1971 - June 30, 1972

DONATED GOODS AND SERVICES

ITEMS	SINGLE ITEM PRICE	MGT. & ADM.	FOOD	HEALTH	CHILD CARE	TRANSP.	PLANT & MAINT.	SOC. SERV.	STAFF SUPPORT FUNCTIONS
Dental Screening (5 hrs.)									
Books (30)									
Center Rental									
In-Service Training (By Nutrition Sch.)									
Typewriter									
TOTALS									

Name of Center: _____ Reporting Year: From ___/___/___ To ___/___/___ (Mo. Yr. Mo. Yr.)

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DONATED GOODS AND SERVICES

ITEMS	SINGLE ITEM PRICE	SUPP. & EQUIP.	FOOD	HEALTH	CHILD CARE	TRANSP.	PLANT & MAINT.	SOCIAL SERVICE	STAFF SUPPORT FUNCTIONS
TOTALS									

Budget Bureau No. 058-R0012
Approval Expires: 30 May 19

FAMILY/GROUP DAY CARE HOME PROFILE

(Pre-Visit Mailout Form)

(CIRCLE THE NUMBER NEXT TO THE RESPONSE THAT APPLIES TO YOUR FACILITY. FOR THE ITEMS IN WHICH MORE THAN ONE RESPONSE MAY BE APPROPRIATE, CIRCLE THE NUMBERS OF ALL THAT APPLY TO YOUR HOME. FILL IN THE BLANKS WHERE SPACE IS PROVIDED.)

I. FACILITY CHARACTERISTICS

1. Is yours a licensed Day Care Home?
   1 Yes
   2 No

2. If question 1 was answered "yes", what is your licensed capacity? _____

3. How long have you had your license?
   1 Less than 6 months
   2 6 months - 1 year
   3 1 - 2 years
   4 2 - 4 years
   5 5 - 9 years
   6 10 years or longer
   7 Not applicable

4. When does your current license expire? (SHOW MONTH AND YEAR) _____

5. Have you cared for children other than your own during the past 3 months?
   1 Yes
   2 No

6. Do the children you care for usually live within a mile of your home?
   1 Yes
   2 No

7. Is your home within walking distance (1/2 mile) of a park or playground?
   1 Yes
   2 No

(CONTINUE ON PAGE 2)

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II. SERVICE FEATURES

8. What types of service are you currently providing? (PLEASE CIRCLE AS MANY AS YOU PROVIDE)

01 Full-day care
02 Half-day care
03 Drop-in/hourly
04 Before school
05 After school
06 Evening
07 Overnight
08 Weekends, occasionally
09 Weekends, regularly
10 Holidays

9. From what hour in the morning until what hour in the evening do you have one or more children (other than your own) in your home?

Monday:	From _____	am	To _____	pm
Tuesday:	From _____	am	To _____	pm
Wednesday:	From _____	am	To _____	pm
Thursday:	From _____	am	To _____	pm
Friday:	From _____	am	To _____	pm

10. Are you open all year?

1 Yes
2 No If not, when are you closed? _____

4-80

11. Can a parent who regularly uses your service bring a child for care even though the child is ill?

1 Yes
2 No If not, what is done? _____

12. How do children arrive and depart from your home?

1 Public transportation
2 Private transportation
3 I pick them up
4 School bus (after school)
5 Walk
6 Other (specify): _____

(CONTINUE ON PAGE 3)

III. ELIGIBILITY AND FEES

13. Would you refuse to accept a child for any of the following reasons? (IF "YES", PLEASE DESCRIBE IN SPACE FOLLOWING EACH ITEM.)

		YES	NO
a.	Age of child _____	1	2
b.	Sex of child _____	1	2
c.	Race of child _____	1	2
d.	Religion _____	1	2
e.	Language spoken by child or parent _____	1	2
f.	Medical/dental health reasons _____	1	2
g.	Other (specify): _____	1	2

14. Do you accept children whose care is paid for by state agencies, i.e., Welfare?

1 Yes
2 No

15. How do you decide how much to charge for your services?

1 I charge what other sitters in the neighborhood charge
2 I charge what the state/welfare allows me to charge
3 I charge what I think parents can pay
4 Other (please describe): _____

16. Do you charge the same rate for all children?

1 Yes, a flat rate per child
2 No, a special rate for two or more children from the same family
3 No, rate is based on age of the child
4 No, special welfare rates
5 Other (specify): _____

17. How much are you paid per week to care for a child whose parent has child care support from welfare or a training program?

$_____ per week

18. How much are you paid per week to care for a "private pay" child?

$_____ per week

19. Does the fee include payment for the days children are absent?

1 Yes
2 No

(CONTINUE ON PAGE 4)

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20. If you provide transportation, does the fee include this cost?

1 Yes
2 No
3 Not applicable, I don't provide transportation

IV. PROFILE OF CHILDREN SERVED (PLEASE FILL IN THE BLANKS)

21. How many children are you caring for now? _____

22. How many of these children are your own? _____

23. Are any of the other children (not including your own) brothers and/or sisters?

1 Yes
2 No

24. How many of these children are:

___ Infants (0 - 18 months)
___ Toddlers (18 - 35 months)
___ Pre-schoolage (3 years - 1st grade enrollment)
School age:
___ (6 - 8 years)
___ (9 - 11 years)
___ (12 - 14 years)

25. How many of these children are:

___ White
___ Black
___ Spanish speaking
___ Eskimo-Indian
___ Oriental
___ Other (specify): _____

26. How many of these children are:

___ Physically handicapped
___ Emotionally disturbed
___ From migrant farm worker families
___ Speak more than one language

27. How many of these children:

___ Spend a full day in your home?
___ Spend a half day in your home?
___ Come before school only?
___ Come after school only?
___ Come both before and after school?
___ Spend the night?

(CONTINUE ON PAGE 5)

28. On the average, how long do parents use your services?

1 Less than 3 months
2 3 - 6 months
3 6 - 12 months
4 More than 1 year

V. PROFILE OF STAFF

29. What is your age?

1 Under 18 years
2 18 - 25 years
3 26 - 34 years
4 35 - 44 years
5 45 - 54 years
6 55 - 64 years
7 65 or older

30. How much education have you had?

1 Less than 12 years
2 High school graduate/GED
3 Some college or vocational education
4 College graduate

31. Have you had a test for TB within the past year?

1 Yes
2 No

32. Do you have a paid assistant?

1 Yes What are the assistant's duties? _____
_____
_____
_____
2 NO (SKIP TO QUESTION #36)

33. How many hours each day does your paid assistant work? _____ Hours per day

34. How many days per week does your paid assistant work? _____ Days per week

35. How much is the assistant paid per hour? $_____ Per hour

36. Has your assistant had a test for TB within the last year?

1 Yes
2 No

37. How old is your assistant? _____ years

(CONTINUE ON PAGE 6)

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38. Do any other adults volunteer to help you with the children?

1 Yes
2 No

VI. PARENT INVOLVEMENT

39. How many of the children's parents do you know well?

1 All
2 Some
3 None

40. About how much time do you spend with parents each day?

1 None
2 Less than 10 minutes
3 From 10 - 30 minutes

41. In your opinion, what five things are most important to parents who need child care for their infants or pre-school aged children? (SELECT ONLY 5. PUT A "1" IN THE SPACE NEXT TO THE MOST IMPORTANT, A "2" IN THE SPACE NEXT TO THE SECOND MOST IMPORTANT, ETC.)

____ Location close to home
____ Location close to work
____ There is an educational program (i.e., stories told, books, good toys, people talking to children about different things)
____ Adult supervision is provided at all times
____ Periodic health checkups and innoculations are provided
____ Full-day care is provided for sick children so that the parent does not have to miss time from school or work
____ There is good public transportation to the facility
____ Transportation is provided to and from the facility by the child care center/home
____ Cost of the care
____ Nutritious meals and snacks are served
____ Staff or sitter has had experience with, and enjoys children
____ Staff or sitter has had formal child development training
____ There is a racial and economic "mix" of children
____ Other (specify): _____
_____
_____
_____

(CONTINUE ON PAGE 7)

42. In your opinion, what five things are most important to parents who need child care for school aged children? (SELECT ONLY 5. PUT A "1" IN THE SPACE NEXT TO THE MOST IMPORTANT, A "2" IN THE SPACE NEXT TO THE SECOND MOST IMPORTANT, ETC., BY AGE GROUP.)

6-10 years	11-14 years	
____	____	Children have adult supervision at all times
____	____	There is a tutoring program to help with studies
____	____	Children can learn crafts (i.e., sewing, woodworking) or creative arts (i.e., music, drama)
____	____	There is a recreation and active games program
____	____	An after-school snack and/or evening meal is served
____	____	Transportation home in the evening is provided by the program
____	____	Cost of care
____	____	Periodic health checkups and innoculations are provided
____	____	Full-day care is provided for sick children so that the parent does not have to miss time from school or work
____	____	There is a racial and economic "mix" of children
____	____	Other (specify): _____

_____
_____

VII. COSTS

43. Please give a rough idea of how much your monthly expenses are as a result of caring for children.

$_____ Food

$_____ Extra utility bills

$_____ Extra house cleaning materials

$_____ Assistants' salaries

$_____ Insurance

$_____ Extra household repairs

$_____ Cost of toys, crayons, etc.

$_____ Other (describe): _____

44. About how much do you make per year, before expenses, caring for children?

1 $0 - $1500
2 $1600 - $3000
3 $3100 - $4000
4 $4100 - $5000
5 $5100 - $6000
6 $6100 or more

45. Is the money that you earn caring for children the only source of income for your household?

1 Yes
2 No

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Budget Bureau No. OMB-85-S-72028
Approval Expires: 30 May 1973

FAMILY/GROUP DAY CARE HOME

(Onsite Interview Questionnaire)

(INTERVIEWER: BEGIN INTERVIEW WITH, "DID YOU RECEIVE THE QUESTIONNAIRE THAT WE MAILED TO YOU?" "DID YOU COMPLETE IT?" "ARE THERE ANY QUESTIONS OR PROBLEMS THAT I CAN ASSIST YOU WITH NOW IN COMPLETING THE QUESTIONNAIRE?" -- GO OVER SCHEDULE TO BE SURE ALL QUESTIONS HAVE BEEN ANSWERED. PROBE TO GET ANY INFORMATION THAT MAY HAVE BEEN LEFT OUT -- "NOW I WOULD LIKE TO DISCUSS WITH YOU SOME OTHER ASPECTS OF YOUR PROGRAM.")

I. INTRODUCTION & LINKAGES

1. For what reasons did you decide to become a day care mother?_____

_____

_____

_____

_____

2. What were you doing before you began operating a day care home?

1 Working - Describe former employment:_____

_____

2 Not working

3. Do you maintain:

	YES	NO
a. Enrollment records?	1	2
b. Daily attendance records?	1	2
c. Accounting records?	1	2

4. Have you ever had any special training to work with children, in school or thru a Scout leadership program, etc.?

1 Yes - What kind of training?_____

_____

Where was training received?_____

_____

2 No

5. Has the welfare agency ever offered you any training?

1 Yes

2 No

6. If "no", would you like some special training?

1 Yes - What kind of training do you think would be most useful to you in running your day care home?

_____

_____

_____

2 No

3 Not applicable (has received/been offered training)

7. When you began the operation of your day care home, did local code requirements present any particular problems?

1 Yes

2 No

Discuss. (PROBE FOR COSTS OF NEW ITEMS -- FENCE, FIRE ESCAPE, ETC. -- OR MODIFICATIONS NEEDED TO MEET STANDARDS)

_____

_____

_____

_____

8. How often do local inspectors -- fire, sanitation, etc. -- come to reinspect your facility?

1 Once a year

2 Twice a year

3 Have never been visited by fire, sanitation or other inspector

4 Other (specify):_____

_____

9. Since you began your operation, have there been any changes in the local codes which have caused you additional expenses?

1 Yes - Please describe:_____

_____

_____

_____

2 No

9. What effect did state licensing codes have on your opening your day care home? (PROBE: COSTS, MODIFICATIONS, DELAYS, ETC.)

_____

_____

_____

_____

11. Did the state welfare worker clearly explain the state and local codes which family day care homes must meet and provide you with assistance in applying for your license?

1 Yes

2 No

12. How often does a welfare worker visit your home for licensing purposes?

1 (Original licensing visit only

2 Every 3 months

3 Every 6 months

4 Once a year

5 Other (specify): _____

13. Do you feel that meeting all of the state and local code requirements is necessary to guarantee high quality day care?

1 Yes

2 No

14. Discuss: (AREAS FOR SPECIFIC REQUIREMENTS THE OPERATOR THINKS ARE UNNECESSARY OR AREAS NEEDING STRICTER STANDARDS.)

_____

_____

_____

_____

15. Do you receive payment for state or federally supported children directly from the welfare department, or do the parents pay you?

1 Directly from welfare

2 Directly from parents

3 Both

4 Not applicable (have never had state/federally supported children)

16. Are these payments usually on time?

1 Yes

2 No

17. Do you have conferences with welfare caseworkers about your state/federally supported children?

1 Yes - How often? _____

2 No - (GO TO QUESTION 20.)

3 Not applicable

18. What is the purpose of these conferences?

_____

_____

_____

_____

19. Who requests these meetings?

1 I do

2 The caseworker

3 Parent

4 Other - Who? _____

5 Not applicable

20. If no conferences with welfare caseworkers, do you think it would be helpful to have such contacts?

1 Yes - Why? _____

_____

_____

2 No - Why not? _____

_____

_____

21. Do you provide supportive services, such as referring parents to a doctor or other needed services for the child?

1 Yes

2 No

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[illegible] Has the welfare agency given [illegible] you with a list of the social services available in your community?

1 Yes

2 No

[illegible] Do you have the phone number of your licensing worker to call to inquire about available social services?

1 Yes

2 No

[illegible] Is your family [illegible] any child care association or organization?

1 Yes

2 No [illegible] GO TO QUESTION [illegible]

[illegible] What [illegible] organizations do you belong to?

_____

_____

_____

[illegible] Are these memberships helpful to you in operating your day care home?

1 Yes - Please describe the benefits: _____

_____

_____

2 No

3 Not applicable

[illegible] Is your home a part of a child care system?

1 Yes

2 No - GO TO QUESTION [illegible]

[illegible] Please describe the benefits that you get from being part of a child care system (LIST SERVICES PROVIDED BY CENTRAL OFFICE, FOOD ORDERS, REFERRAL ASSISTANCE, FRINGE BENEFITS, TRAINING, ETC.)

_____

_____

_____

_____

[illegible] Please describe any problems that you have as a provider in the system

_____

_____

_____

_____

II. ACTIVITIES PLAN

[illegible] Do you have a written plan or schedule of daily activities for the children in your home?

1 Yes - OBTAIN COPY

2 No

[illegible] If "yes", how far in advance do you plan the activities?

1 Same day

2 Day before

3 Week at a time

4 Month at a time

5 Other (specify): _____

6 Not applicable for written plan

[illegible] What are some of the things that you do with children you care for? (CIRCLE AS MANY AS YOU DO.)

01 Watch TV

02 Take walks with children

03 Read to or with children

04 Hold infants often

05 Hold infants only when they cry

06 Outdoor play

07 Quiet games (indoors and outdoors)

08 Talk to children a lot

09 Eat with the children

10 Let the children help fix food, set the table, clean up

11 Encourage potty training

12 Any other things that you do (describe): _____

_____

_____

_____

33. If you answered "watch TV", approximately how many hours a day do they do this?

____ hours per day

34. What are some of the programs that the children watch?

1. _____
2. _____
3. _____
4. _____
5. _____

35. What do you think are the most important needs of infants (6 - 18 months) and how do you meet these needs?

_____

_____

_____

_____

_____

_____

_____

_____

36. What do you think are the most important needs of toddlers (18 - 24 months) and what activities do you plan to meet these needs?

_____

_____

_____

_____

_____

_____

_____

_____

_____

37. Do you normally leave infants and toddlers in their cribs and playpens when they are awake?

1 Yes

2 No

38. Discuss: _____

_____

_____

39. What do you think are the most important needs of pre-schoolers (3 years - 1st grade), and what activities do you plan to meet these needs?

_____

_____

_____

_____

_____

_____

_____

_____

_____

40. What activities are pre-schoolers permitted to do without direct supervision?

_____

_____

_____

41. What do you think are the most important needs of school-age children aged 6 to 10 years, and what activities do you plan for this age group?

_____

_____

_____

_____

_____

_____

_____

_____

42. What do you think are the most important needs of school-age children aged 11 to 14, and what activities do you plan for this age group?

_____

_____

_____

_____

_____

_____

_____

_____

43. When caring for school-age children, do you maintain contact with school personnel regarding a child?

1 Yes, school calls when child is ill

2 Yes, school calls regarding absences

3 Yes, regarding learning problems or special needs

4 No

44. How are individual differences in rest requirements for various aged children handled?

_____

_____

_____

45. Are children given some help in learning to recognize hazards and safety practices to avoid hazards?

1 Yes

2 No

46. Do you try to provide special attention to a child's cultural and ethnic background?

1 Yes - In what way? _____

_____

_____

_____

2 No

47. How do you determine what effects the program is having on a child over time and the amount of progress a child has made? _____

_____

_____

_____

III. CHILD HEALTH

48. Do you require that children have a medical exam when they enroll in your program?

1 Yes

2 No

49. Do you require that children have a dental exam when they enroll in your program?

1 Yes

2 No

50. If not required at the time of enrollment, how long after enrollment must these exams be completed?

_____

51. Do you keep any written health records for the children in your care, such as:

		YES	NO
a.	Physical (every 6 months for children under 3 years)?	1	2
b.	Physical (once a year for children over 3 years)?	1	2
c.	Dental exam?	1	2
d.	Dental prevention plan?	1	2
e.	Immunization record?	1	2
f.	Parent conference notes?	1	2

52. What steps would you take if a child in your care suddenly became ill or was severely injured? (DO NOT PROMPT. DETERMINE IF A CLEAR PROCEDURE HAS BEEN ESTABLISHED.)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 Don't know

53. How far from your home is the emergency facility that you would use?

1 Less than 1 mile

2 1 - 3 miles

3 3 - 5 miles

4 More than 5 miles

54. Have you ever had any first aid training? (PROBE: RED CROSS CERTIFICATE, ETC.)

1 Yes, certificate

2 Yes, no certificate

3 No

55. How are the other children supervised if you should need to leave the home for an emergency (e.g., take a child to the doctor)?

_____

_____

_____

56. What arrangements do you have to care for the children if you become ill?

_____

_____

_____

88-4

NUTRITION

57. Do you prepare the following meals and snacks for the children? (CIRCLE ALL THAT APPLY.) Is it usually hot or cold?

		YES (Hot)	YES (Cold)	NO
a.	Breakfast	1	2	3
b.	Morning snack	1	2	3
c.	Lunch	1	2	3
d.	Afternoon snack	1	2	3
e.	Dinner	1	2	3
f.	Evening snack	1	2	3

58. List some of the foods you typically serve:

Breakfast: _____

_____

Morning snack: _____

_____ _____

Lunch: _____ _____

_____

Afternoon snack: _____

_____

Dinner: _____

_____ _____

Evening snack: _____ _____

_____

59. Where do you buy the food that you serve?

1 Retailer

2 Wholesaler

3 Donated (SOURCE): _____

4 Surplus

5 State milk program

6 Other (explain): _____

60. Are meals served:

1 Self-serve/buffet style?

2 Sit-down in dining room?

3 Sit-down in playroom?

4 Other (specify): _____

61. Do you hold infants when giving them their bottle?

1 Yes

2 No

62. Do you find out about children's food preferences and eating habits from parents?

1 Yes

2 No

63. If yes, do you take these preferences into consideration when planning meals?

1 Yes

2 No

64. Do you ever withhold food or use food as a reward for children's behavior?

1 Yes

2 No

65. Are all children present in your home offered food when it is served?

1 Yes

2 No - If not, specify: _____

_____

_____

66. Are children permitted second helpings of meals or snacks if they wish?

1 Yes

2 No

67. Do you ensure that infant formulas and bottles are sanitary? (CIRCLE ALL THAT APPLY)

1 Sterilized bottles and nipples used

2 Disposable nipples and milk bags used

3 Other (Specify): _____

4-89

V. PARENTS INVOLVEMENT

68. Do you have an application form for parents?

1 Yes

2 No

69. Do you interview parents before they enroll children in your day care home?

1 Yes

2 No

70. What do you usually discuss in these interviews with parents? (PROBE IF NECESSARY)

1 Parents' expectations of care given and your expectations of parents

2 Child's eating habits and schedule

3 Child's health, allergies, family doctor, etc.

4 Payment amount and schedule

5 Discipline

6 Other (specify): _____

_____

7 Not applicable; don't interview parents

71. Do you have on file a written record for each child, including: (ASK R. TO SEE THE RECORDS...VALIDATE.)

		YES	NO (CHECK WHY)	
a.	Child's full legal name, birthdate, current address and preferred name?	1	2	3
b.	Name and address of parent/guardian or other person/agency responsible for care of the child?	1	2	3
c.	Telephone numbers or instructions for contacting the person(s) responsible for the child during the time the child is in day care?	1	2	3
d.	Names and addresses of persons (other than parent or guardian) who are authorized to take the child from the day care facility?	1	2	3
e.	Written authorization from child's parent which allows you to obtain medical treatment if parent can't be reached?	1	2	3
f.	Names, addresses, and telephone numbers of persons responsible in an emergency when parent/guardian cannot be reached?	1	2	3
g.	A statement of health or any other special problems the child or family may have, name and phone number of the child's regular source of health care?	1	2	3
h.	Notations of communication with parent/guardian regarding significant health/behavioral problems?	1	2	3

72. If no written records, what information (type/extent) do you have regarding the child and family? _____

_____

_____

73. Do you have any "problems" with parents of your day care children:

		YES	NO
a.	Regarding payment of fees?	1	2
b.	Regarding pickup time?	1	2
c.	Regarding discipline (differing ideas)?	1	2
d.	Bringing sick children?	1	2
e.	Regarding cancellations?	1	2
f.	Other (describe): _____	1	2

_____

74. How do you resolve these problems?

1 Discuss with parents

2 Agency intervention

3 Other (explain): _____

_____

_____

75. Are parents encouraged to visit, observe and participate in the care of their children?

1 Yes

2 No

76. Do you discuss any concerns about a child's development and behavior with parents?

1 Yes

2 No

77. What have been the three major problems you have had as a family/group day care home operator?

1 _____

2 _____

3 _____

78. Would you rather be doing something other than operating a day care home?

1 Yes

2 No

Discuss: _____

_____

_____

_____

Budget Bureau No. OMB-85-S-72028
Approval expires: 30 May 1973

IN-HOME DAY CARE PROVIDER QUESTIONNAIRE

(Mail-Out Form)

PLEASE CIRCLE THE NUMBER NEXT TO THE RESPONSE THAT APPLIES TO YOU. FOR QUESTIONS IN WHICH MORE THAN ONE ANSWER APPLIES TO YOU, CIRCLE THE NUMBERS NEXT TO EACH OF THE APPROPPIATE RESPONSES. FILL IN THE BLANKS WHERE SPACE IS PROVIDED.

1. How long have you been a paid in-home sitter?

1 0 - 11 months
2 1 - 2 years
3 3 - 5 years
4 6 - 10 years
5 More than 10 years

2. What were you doing before you began providing in-home care for children?

1 Working - Describe job: _____
_____
_____

2 Unemployed, at home
3 Unemployed, in school/training

3. What made you decide to become an in-home care mother?

1 I wanted something to do
2 I needed the income

4. Would you rather be doing something else?

1 Yes - If so, what? _____
_____
_____

2 No

5. Have you ever had any training in child care (in school, thru church, as a scout leader, etc.)?

1 Yes - What kind and where did you receive training? _____
_____
_____
_____

2 No

(CONTINUE WITH NEXT COLUMN)

6. If you have not had any special training in working with children, would you like to have some?

1 Yes
2 No
3 Not applicable

7. If question 6 answered "yes", would you be willing to pay for training?

1 Yes
2 No

8. Have you had first aid training?

1 Yes
2 No

9. Have you had a physical examination and/or tests for TB and other diseases during the past year?

1 Yes
2 No

10. Do you have children of your own?

1 Yes - How many? _____
2 No

11. What is your age?

1 Under 18 years
2 18 - 24 years
3 25 - 34 years
4 35 - 44 years
5 45 - 54 years
6 55 - 64 years
7 65 years or older

12. How much education have you had?

1 Less than 12 years
2 High school graduate/GED
3 Some college or vocational education
4 College graduate

(CONTINUE ON REVERSE SIDE OF PAGE)

Day care provider, we want to know what you think of day care.

Budget Bureau No. OMB-85-S-72028
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PARENT QUESTIONNAIRE

(Mail-Out Form)

THIS QUESTIONNAIRE DOES NOT REQUEST YOUR NAME OR ADDRESS, SO PLEASE FEEL FREE TO ANSWER ALL OF THE QUESTIONS. (PLEASE CIRCLE THE NUMBER NEXT TO THE RESPONSE THAT APPLIES TO YOUR HOUSEHOLD. FOR QUESTIONS IN WHICH MORE THAN ONE ANSWER MAY BE APPROPRIATE FOR YOUR HOUSEHOLD, CIRCLE AS MANY AS APPLY. FILL IN THE BLANKS WHERE SPACE IS PROVIDED.)

1. How many children under the age of 14 do you have living at home?

   _____

2. Please circle the ages of each of your children under age 14:

   Under
   2 3 4 5 6 7

   8 9 10 11 12 13

3. Circle the appropriate number which indicates your present status:

   1 Currently employed
   2 Attending school
   3 In job training program
   4 Other (specify)_____

4. What hours are you usually out of your home each day? (CIRCLE "am" or "pm")

	FROM	TO
Mon.	_____ am/pm	_____ am/pm
Tue.	_____ am/pm	_____ am/pm
Wed.	_____ am/pm	_____ am/pm
Thu.	_____ am/pm	_____ am/pm
Fri.	_____ am/pm	_____ am/pm
Sat.	_____ am/pm	_____ am/pm
Sun.	_____ am/pm	_____ am/pm

5. If your sitter's hours are not the same as your schedule above, complete your sitter's schedule below. (CIRCLE "am" or "pm")

	FROM	TO
Mon.	_____ am/pm	_____ am/pm
Tue.	_____ am/pm	_____ am/pm
Wed.	_____ am/pm	_____ am/pm
Thu.	_____ am/pm	_____ am/pm
Fri.	_____ am/pm	_____ am/pm
Sat.	_____ am/pm	_____ am/pm
Sun.	_____ am/pm	_____ am/pm

(CONTINUE WITH NEXT COLUMN)

6. How satisfied are you with your present in-home sitter services?

   1 Very satisfied
   2 Satisfied
   3 Not very satisfied. If you are not satisfied, please explain why._____

7. Would you like your in-home sitter to receive some child care training?

   1 Yes
   2 No

8. Would you like your in-home sitter to receive first aid training?

   1 Yes
   2 No

9. Does your present arrangement meet all of your child care needs?

   1 Yes
   2 No

10. If question 9 answered "no", what are your two main unmet needs?

    1 _____

    2 _____

    3 Not applicable

(CONTINUE ON REVERSE SIDE)

16-4

13. Are you a relative of the children you care for?

1 Yes, aunt/uncle
2 Yes, sister/brother
3 Yes, other relative
4 No

14. If you are a relative, do you live in the same house?

1 Yes
2 No
3 Not applicable

15. How many children are you caring for now, other than your own children?

NUMBER

___ Infants (0 - 18 mos.)
___ Toddler (19 - 35 mos.)
___ Pre-school (3 yrs.-1st grade)
___ School-age (1st grade-14 yrs)

16. During what hours each day do you care for these children? (CIRCLE "am" or "pm")

From _____ am/pm To _____ am/pm

17. How many days each week do you normally care for these children?

_____ days per week

18. Do you work on weekends?

1 Always
2 Sometimes
3 Never

19. Do you work on holidays?

1 Always
2 Sometimes
3 Never

20. Are you "on call" for emergencies or at odd hours?

1 Always
2 Sometimes
3 Never

(CONTINUE WITH NEXT COLUMN)

21. What do parents do when you are ill and unable to care for the children?

1 Parent stays home from work/school
2 Parent finds a replacement sitter
3 I find a replacement sitter
4 Other (please describe):_____

22. Do you care for the children:

1 In their home?
2 In your home?
3 Other - Where?_____

23. If in their home, do you have any other duties besides providing care for the children?

1 Yes, light housework
2 Yes, cooking for the family
3 Yes, heavy cleaning
4 Yes, laundry and/or ironing
5 Yes, other - What?_____
6 No
7 Not applicable

24. Have you had any problems with parents of the children you have cared for?

1 Yes, being paid on time
2 Yes, hours I am to work
3 Yes, differing ideas about care or discipline of children
4 Yes, other - Describe:_____
5 No

25. How much are you paid to care for these children? (CIRCLE APPROPRIATE NO.)

1 $_____ per day
2 $_____ per week
3 $_____ per month

(CONTINUE ON FOLLOWING PAGE)

26. What are some of the things you do with children you care for? (CIRCLE AS MANY AS YOU DO.)

01 Watch TV
02 Take walks with children
03 Read to or with children
04 Hold infants often
05 Hold infants only when they cry
06 Outdoor play
07 Quiet games (indoors and outdoors)
08 Talk to children a lot
09 Eat with the children
10 Encourage potty training
11 Let the children help fix food, set the table, clean up
12 Any other things that you do Describe:_____

27. If you circled "01" (Watch TV" in question 26, how many hours each day do the children do this?

___number of hours per day

28. What are some of the programs the children usually watch?

29. Do you prepare meals and snacks for the children? (PLEASE CIRCLE "1" IF THE MEAL/SNACK IS HOT; CIRCLE "2" IF IT IS COLD; CIRCLE "3" IF YOU DON'T PREPARE MEALS/SNACKS FOR THE CHILDREN)

	YES (Hot)	YES (Cold)	NO
a. Breakfast	1	2	3
b. Morning snack	1	2	3
c. Lunch	1	2	3
d. Afternoon snack	1	2	3
e. Dinner	1	2	3
f. Evening snack	1	2	3
g. Other (specify)	1	2	3

(CONTINUE WITH NEXT COLUMN)

30. Who made the present child care arrangements with you?

1 A public agency
2 The child's parent themselves
3 Other - Who?_____

31. Has anyone told you what to do in an emergency or when children need to take medicine?

1 Yes - Who?_____
2 No

32. Have you ever been contacted by someone from the welfare agency to talk to you about your job with these children?

1 Yes
2 No

33. If question 32 answered "yes", what was the purpose of the visit or call?

USE REMAINDER OF THIS COLUMN FOR ANY COMMENTS YOU MAY WISH TO MAKE.

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26. (continuation)

INDICATE FIVE MOST IMPORTANT 6-10 years	11-14 years	
____	____	Children have adult supervision at all times
____	____	There is a tutoring program to help the children with studies
____	____	Children can learn crafts (i.e., sewing, woodworking) or creative arts (i.e., music, drama)
____	____	There is a recreation and active games program
____	____	An after-school snack and/or evening meal is served
____	____	Transportation home in the evening is provided by the program
____	____	Cost of care
____	____	Periodic health checks and innocu[illegible] are provided
____	____	Full-day care is provided for sick children so that you don't have to miss school or work
____	____	There is a racial and economic "mix" of children
____	____	Other (specify):_____

27. Have your school-age children spent time after school participating in any of the following? (PLEASE CIRCLE THE NUMBER NEXT TO ALL ACTIVITIES THAT HAVE BEEN PARTICIPATED IN BY YOUR CHILDREN.)

1 YMCA or YWCA
2 Boys Club
3 After-school sports activities
4 Parks and playgrounds
5 Organized non-school sports, such as Little League
6 Scouting
7 Church-related activities
8 Other (describe):_____

28. If programs such as the ones mentioned in question 27 could assure you that your school-age children would be accounted for and supervised each day until you came home from work, would this help solve your day care problems?

1 Yes
2 No

29. If you have any ideas about how you would like to see day care programs set up and how your particular needs could be better met, please comment below.

Parents, we want to know what you think of day care.

THANK YOU FOR YOUR HELP.

JUST PUT THIS IN THE ENCLOSED ENVELOPE

AND DROP IT IN THE MAIL -- NO POSTAGE NEEDED.

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11. If you had a choice of types of care for your infants or pre-schoolers, which would be your first three choices? (SELECT ONLY 3. PUT A "1" IN THE SPACE NEXT TO YOUR FIRST CHOICE, A "2" IN THE SPACE NEXT TO YOUR SECOND CHOICE, AND A "3" IN THE SPACE NEXT TO YOUR THIRD CHOICE.)

___A sitter in my home (relative)
___A sitter in my home (non-relative)
___Head Start
___A day care center with more than 12 other children
___A day care home with fewer than 12 other children
___Would prefer to stay home and care for my infant/pre-schooler
___Other (explain):_____

12. What is your present weekly salary? (PLEASE CIRCLE ONE ANSWER.)

1 Under $50
2 $50 - $74
3 $75 - $99
4 $100 - $125
5 $125 or more

13. If you were choosing a child care program for your infant and/or pre-schoolage children, what would be the five most important things you would look for? (SELECT ONLY 5. PUT A "1" IN THE SPACE NEXT TO THE MOST IMPORTANT, AND, A "2" IN THE SPACE NEXT TO THE SECOND MOST IMPORTANT, ETC. RESPONSES TO THIS QUESTION ARE CONTINUED IN THE RIGHT-HAND COLUMN OF THIS PAGE.)

___Location close to home
___Location close to work
___There is an educational program (i.e., stories told, books, good toys, people talking to children about different things.)
___Adult supervision is provided at all times
___Periodic health checkups and innoculations are provided

(CONTINUE WITH NEXT COLUMN)

13. (continuation)

___Full-day care is provided for sick children so that you don't have to miss school or work
___There is good public transportation to the facility
___Transportation is provided to and from the facility by the child care center/home
___Cost of care
___Nutritious meals and snacks are served
___Staff or sitter has had experience with, and enjoys children
___Staff or sitter has had formal child development training
___There is a racial and economic "mix" of children
___Other (specify):_____

14. Does the state welfare agency pay you for your child care costs?

1 Yes
2 No

15. If the state welfare agency pays you for child care costs, is the payment usually received on time?

1 Always
2 Sometimes
3 Never
4 Not applicable

16. Does the state welfare agency provide you with any other services besides payment?

1 Yes - What are some of these services?_____

2 No

(CONTINUE ON FOLLOWING PAGE)

17. If question 16 was answered "no", would you like to receive some other services from the welfare agency?

1 Yes - Which services would you like to receive?_____

2 No
3 Not applicable

THE FOLLOWING QUESTIONS APPLY ONLY TO PARENTS WHO HAVE SCHOOL-AGE CHILDREN. IF YOU DON'T HAVE SCHOOL-AGE CHILDREN, YOU MAY GO TO THE END OF THE QUESTIONNAIRE AND MAKE ANY COMMENTS THAT YOU WOULD LIKE.

18. Is your sitter responsible for your school-age children before and/or after school?

1 Yes, all of them
2 Yes, the younger ones
3 No

19. Is your sitter responsible for your school-age children during summer vacation?

1 Yes
2 No

20. Do all of the adults in your house have to leave for work or training before your school-age children leave for school in the morning?

1 Yes
2 No

21. If question 20 was answered "yes", how do your children get ready for school? (PLEASE CIRCLE AS MANY ANSWERS AS APPLY.)

01 The sitter arrives before I leave
02 I feed the children before I leave
03 I set the breakfast out for the children
04 The children fix their own breakfast
05 The children eat breakfast at school

(CONTINUED IN 2ND COLUMN)

21. (continuation)

06 The children are dressed before I leave
07 I set out their clothes and books before I leave
08 The children pick out their own clothes and dress themselves
09 Other arrangements (Please describe):_____

10 Not applicable

22. If your sitter did not arrive before you leave, would you make use of a before-school program for your school-age children?

1 Yes
2 No

23. Which of the following would you prefer?

1 Care in your home before school hours
2 A well-located breakfast program outside your home

24. If you did not have your present after-school arrangements, would you make use of a supervised activity program for your school-age children?

1 Yes
2 No

25. Which of the following would you prefer?

1 Care in your home after school
2 A well-located activity program outside your home

26. If you were choosing an after-school child care program for school-age children -- ages 6 through 10 and ages 11 through 14 -- what would be the five most important things you would look for? (SEE ANSWERS TO THIS QUESTION AT THE BEGINNING OF COLUMN 1 ON THE REVERSE SIDE OF PAGE. SELECT ONLY 5. PUT A "1" IN THE SPACE NEXT TO THE MOST IMPORTANT, A "2" IN THE SPACE NEXT TO THE SECOND MOST IMPORTANT, ETC., BY AGE GROUP)

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SCHOOL AGE DAY CARE SUPPLEMENT

	YES	NO
1. Do you have any children during the hours before they go to school?	1	2
2. Are before-school children provided with breakfast?	1	2

3. How do they get to school from the center?

1 Walk unaccompanied

2 Walk with center staff person

3 Center provides transportation

4 Other (Describe): _____

_____

4. How many before-school children do you have in your center now?

____ children

5. Do you have a special program or group of activities for your after-school children?	1	2
6. Do your after-school children use the same rooms, chairs, etc., as your pre-schoolers?	1	2
7. Are after-school children provided with:		
a. A snack?	1	2
b. Supper?	1	2
8. Is there a staff member who is specifically responsible for after-school programs?	1	2

If yes, obtain a job description if available.

a. Position title: _____

b. Professional background: _____

_____

c. Responsibilities (if no job description written): _____

_____

_____

_____

d. Salary range: _____

9. How many other staff members are involved in the after-school program? (Include NYC students and volunteers in your total and identify them as such.)

POSITION TITLE	RESPONSIBILITIES	BACKGROUND	SALARY

10. What staff/child ratio do you have for your school age group?

____ staff members per each ____ child(ren)

11. What kinds of activities does the center provide after school?

01 Organized sports

02 Tutoring services (Describe): _____

_____

03 Crafts

04 Music, drama, creative arts

05 Community volunteer work

06 Cultural enrichment classes (e.g., black culture). (Describe): _____

_____

_____

07 Games and quiet activities

08 Field trips and outings (Describe: How often?): _____

_____

_____

09 Other (Describe): _____

_____

_____

_____

10 No special programs

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12. How are the activities organized?

1 One main activity per afternoon

2 Two or three activities offered per afternoon

3 Day-to-day continued involvement of child in a special project

4 Complete free choice for each child

5 Prescribed activity for each child

6 Other (Describe): _____

_____

_____

	YES	NO
13. Do you formally cooperate with other organizations which serve children, such as the Boys Club, YWCA, Scouts, etc.?	1	2

If yes, list the agencies, and describe the ways in which you are jointly involved.

_____

_____

_____

_____

_____

14. Do you have problems with attendance and accountability of your school age group?	1	2

Discuss: _____

_____

_____

_____

_____

15. How much do you charge for before/after school care?

$_____ per _____

16. How many after-school children do you now care for at your center?

____ children

17. What services other than supervision and any special program activities are available to these children (i.e., health, social services, etc.)?

_____

_____

_____

_____

_____

18. Do you have a full-day summer program for school age children?

1 Yes

2 No

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DATE: _____

TIME BEGAN: _____ AM / PM

TIME ENDED: _____ AM / PM

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DAY CARE CENTER

(Onsite Interview Questionnaire)

(INTERVIEWER: BEGIN INTERVIEW WITH, "DID YOU RECEIVE THE QUESTIONNAIRE THAT WE MAILED TO YOU?" "DID YOU COMPLETE IT?" "ARE THERE ANY QUESTIONS OR PROBLEMS THAT I CAN ASSIST YOU WITH NOW IN COMPLETING THE QUESTIONNAIRE?" -- GO OVER THE SCHEDULE TO BE SURE ALL QUESTIONS HAVE BEEN ANSWERED. PROBE TO GET ANY INFORMATION THAT MAY HAVE BEEN LEFT OUT -- "NOW I WOULD LIKE TO DISCUSS WITH YOU SOME OTHER ASPECTS OF YOUR PROGRAM."_

I. INTRODUCTION & LINKAGES

Name of Center: _____

Address: _____

Director's Name: _____

Professional Training - Education: _____

1. How long have you worked in the field of day care? _____ (No. of Yrs.) _____ (No. of Mos.)

2. How long have you been the director of this center? _____ (No. of Yrs.) _____ (No. of Mos.)

3. Have you ever been the head of a day care center before?

   1 Yes - If so, for how long? _____ (No. of Yrs.) _____ (No. of Mos.)

   2 No

4. What other roles have you filled in providing day care (e.g., teacher)? _____

5. How did you get into the field of day care? _____

6. How many hours a week does this job require of you? _____ (No. of Hrs.)

7. How much time do you spend away from the center each week doing (not -elated work? _____ (No. of Hrs.)

8. How many hours per week do you spend on the following responsibilities?

		# Hours
a.	Administration (e.g., money management, paperwork, funding proposals, etc.)	_____
b.	Staff recruitment, training, scheduling, supervision	_____
c.	Program development and planning	_____
d.	Teaching children	_____
e.	Parent relations (e.g., participation, meetings)	_____
f.	Developing community and agency linkages	_____
g.	Fund raising/public relations	_____
h.	Other (specify) _____	_____
	_____	_____
	_____	_____

9. Have you had any formal management training or supervised experience in day care administration?

   1 Yes - Describe: _____

   2 No

10. Who is responsible for center bookkeeping and accounting records? TITLE AND NAME OF PERSON IF DIFFERENT THAN DIRECTOR.

NAME: _____ TITLE: _____

11. When you began the operation of your center, what local code requirements were most difficult to meet?

Discuss (PROBE FOR REASONS, COSTS, ANY MODIFICATIONS) _____

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17. How often does a state licensing worker visit your center?

1. Every 3 months
2. Every 6 months
3. Once a year
4. Other (specify) _____

18. Does you ever meet, or are you familiar with, the [illegible] licensing worker [illegible] requirements?

1. Yes, very familiar
2. Yes, know about
4. No [illegible]

19. Are you aware that these requirements [illegible] [illegible] in all [illegible] settings?

1. Yes
2. No

20. If yes to above, how [illegible] [illegible] [illegible]

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- 5 -

- 6 -

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47. "Fringe Benefits" options to staff members include:

01 Workmen's Compensation

02 Employment Security Insurance

03 Health insurance

04 Life insurance

05 Retirement program

06 Paid vacation

07 Paid sick leave

08 Paid leave for staff training

09 Tuition assistance

10 Other (specify): _____

48. Does each staff member, volunteer, driver, food handler, or any other person having regular contact with children have a yearly examination for TB and other communicable diseases?

1 Yes

2 No

49. Do you have written evidence of such physical examinations?

1 Yes

2 No

50. Is there a career development plan for each staff member?

1 Yes - Describe (e.g., leave time to attend classes, tuition assistance, etc.):
_____
_____

2 No

51. Is there an in-service training program?

1 Yes, formal - Describe: _____
_____

2 Yes, informal (OJT-type): _____
_____

3 No

52. Has the administering agency provided/arranged formal staff training for your center?

1 Yes - Describe training provided: _____
_____
_____

2 No

53. Is any other outside training used?

1 Yes - Describe (e.g., how many staff members involved, what kind of training, whether staff attends outside classes or consultants brought in, etc.)
_____
_____
_____

2 No

54. How many staff members have been promoted during the past year as a result of training?

From Position:	To Position:	Number Promoted

55. Do you have a particularly difficult time in recruiting trained staff?

1 Yes

2 No - (GO TO QUESTION 57)

56. If yes, which positions are particularly hard to fill, and why (i.e., unable to pay competitive salaries, etc.)?
_____
_____
_____
_____

57. Do you think some formal training in child development is a must for staff who are specifically hired to deal with children?

1 Yes

2 No

Discuss: _____

_____

_____

_____

58. If you had adequate resources, what kinds of training do you feel would be most useful?

_____

_____

_____

59. How often do you hold staff meetings?

1 Weekly

2 Bi-weekly

3 Monthly

4 Unscheduled (e.g., as needed arises)

5 General staff meetings not held

60. Do all staff members (both employed and volunteer) attend staff meetings?

1 Yes

2 No - Who does attend? _____

3 Not applicable; general staff meetings not held

61. What matters are discussed in these meetings? (CIRCLE ALL THAT APPLY)

1 Increasing self-awareness

2 Discussing individual children

3 Program planning/evaluation

4 Other (specify): _____

_____

5 Not applicable; general staff meetings not held

III. PARENT INVOLVEMENT

		YES	NO
62.	Are parents interviewed before the child is enrolled in the facility?	1	2
63.	Is there an application form used at the initial interview? (IF "YES", OBTAIN A COPY.)	1	2
64.	Does the interview include discussion of:		
	a. Rules and regulations?	1	2
	b. Center's program, goals, and objectives?	1	2
	c. Supervision of children?	1	2
	d. Child's activities, habits, and schedule?	1	2
	e. Child's past behavioral or learning problems?	1	2
	f. Correctional and/or future developmental plans for child?	1	2
	g. Expectations of parental involvement in the program?	1	2
	h. Expectations of parents for their child while in the program?	1	2
	i. Center's ability to make social service/psychological/medical referrals?	1	2
	j. Other? (specify): _____	1	2
	_____		
65.	Do you expect the parent to spend some time with the child during the first few days to help him adjust to the new situation?	1	2
66.	Are parents encouraged to visit, observe, and participate in the care of their children at the facility?	1	2
67.	Do you have social contacts with the parents of children enrolled in your facility?	1	2
68.	Are parents encouraged to confer with caregivers on an individual basis?	1	2
69.	Is there a bulletin board for equivalent, i.e., newsletter) to inform parents of program changes, etc.?	1	2
70.	Are parent training sessions held to instruct parents on nutrition, health, child development, etc.?	1	2
71.	Is there a "suggestion box" or similar mechanism available for parents to make suggestions, express satisfaction/dissatisfaction, etc.?	1	2
72.	Have you taken steps to set up written parent grievance procedures in the agency which [illegible] Federal funds?	1	2

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		YES	NO	
73.	If funds are self-administered, do you have such written grievance procedures?	1	2	
74.	If you do have such written grievance procedures, do you provide copies to all parents?	1	2	
75.	Do you discuss all absences with the parents?	1	2	
76.	Do parents and center staff discuss and make arrangements for a child's activities away from the facility and/or when a child will not be attending a center function?	1	2	
77.	What method/procedure is used for school-aged children requesting participation in out-of-facility activities?			

_____

_____

_____

78.	Are arrangements made by the facility with the parent regarding the management of children with special needs?	1	2	
79.	Do you have one file a written record for each child including the following? (ASK TO SEE RECORD AND VALIDATE)	YES	NO	OB-SERVED
	a. Child's full legal name, birthdate, current address and preferred name?	1	2	3
	b. Name and address of parent/guardian or other person/agency responsible for the care of the child?	1	2	3
	c. Telephone numbers or instructions for contacting the persons responsible for the child during the time the child is in day care?	1	2	3
	d. Names and addresses of persons (other than parent or guardian) who are authorized to take the child from the day care facility?	1	2	3
	e. Names, addresses, and telephone numbers of persons responsible in an emergency when parent/guardian cannot be reached?	1	2	3
	f. A statement of health or any other special problems the child or family may have, name and phone number of the child's regular source of health care?	1	2	3
	g. Notations of communication with parent/guardian regarding significant health/behavioral problems?	1	2	3
	h. Enrollment, plus daily attendance records for each child?	1	2	3

301-4

80. If no written record on file, what information (type/extent) is provided regarding the child and family and arrangements made with the center regarding these areas?

_____

_____

_____

_____

_____

81. Is there a parent group (board, council, advisory body) which meets regularly?

1 Yes - What percentage of the members actually have children enrolled in the facility?

_____ percent

2 No

82. What is the role/function of this advisory group? (PROMPT. LET RESPONDENT TELL YOU THE BOARD'S ROLE. CIRCLE ALL NUMBERS THAT APPLY; WRITE IN RESPONSES NOT LISTED.)

01 Screen and hire center director

02 Screen other staff applicants

03 Advise staff on program planning

04 Provide volunteers, supplies, etc., to center

05 Periodically evaluate center program

06 Review and approve applications for Federal funding

07 Review parent grievances

08 Organize/sponsor training programs for parents

09 Other (describe): _____

_____

_____

_____

_____

_____

10 Not applicable; there is no parent group

83. Do you have problems with parents of your day care children:

		YES	NO
a.	Regarding payment of fees?	1	2
b.	Regarding pick-up time?	1	2
c.	Regarding discipline (differing ideas)?	1	2
d.	Bringing sick children?	1	2
e.	Regarding cancellations?	1	2
f.	Other (describe): _____	1	2

_____

_____

84. How do you resolve these problems?

1 Discuss with parents

2 Agency intervention

3 Other (explain): _____

_____

_____

85. What kinds of child care services do you think your community needs most?

_____

_____

_____

_____

86. Do you feel your program is filling these needs?

1 Yes

2 No

Discuss: _____

_____

_____

_____

87. Of the parents who inquire about your services, approximately what percentage are seeking:

a.	Infant care	_____ %
b.	Pre-school care	_____ %
c.	Before-school only	_____ %
d.	After-school only	_____ %
e.	Before and after school care	_____ %
f.	Evening and/or overnight care	_____ %

88. Based on a scale of 1 to 5, please rate this program in terms of quality and comprehensiveness in meeting the needs of children.

1 Very poor

2 Poor

3 Fair

4 Good

5 Excellent

89. Please describe your reasons for giving this rating (PROBE): _____

_____

_____

_____

_____

90. What are the three main problems that you have in operating your center?

1 _____

_____

_____

2 _____

_____

_____

3 _____

_____

_____

ACTIVITIES PLAN

91. Who on the staff, if anyone, is responsible for the educational component of your program?

Name: _____

Position: _____ (OBTAIN JOB DESCRIPTION)

Professional Training. Education _____ Years of Pre-School Teaching Experience _____

How long has this person been employed at the center? Years _____ Months _____

(INTERVIEWER: IF RESPONSIBLE PERSON IS INDICATED, CONDUCT ACTIVITIES INTERVIEW WITH PERSON NAMED. IF NOT, CONDUCT THE INTERVIEW WITH CENTER DIRECTOR.)

92. What amount of their/your time is spent on the educational component?

1 Full-time

2 Part-time _____ hours per week

3 Part-time with other duties _____ hours per week

4 Other (specify): _____

93. What are your responsibilities as a staff member?

_____

_____

_____

94. Are the center's daily activities planned in advance?

1 Yes, day at a time

2 Yes, week at a time

3 Yes, month at a time

4 Other (specify): _____

5 No

95. What percentage of your time is spent on each of the following activities?

a. Curriculum _____%

b. Teaching children _____%

c. Staff development (i.e., aide training) _____%

d. Parent relations _____%

e. Other (specify): _____ _____%

96. Do certain of your duties conflict with others? Please explain.

_____

_____

97. Do you have a written plan or schedule of daily activities for each teacher group of children with similar developmental needs?

1 Yes - (OBTAIN COPY)

2 No

98. If no written plan, how do you ensure a balanced program for all children?

_____

_____

_____

99. Is your program planned in accordance with a particular model or philosophy?

1 Yes - (Specify model or philosophy): _____

2 Yes, several models used - (Specify): _____

_____

3 No particular model

100. In scheduling supervision, how are staff assignments made (i.e., is one staff member in charge of a particular activity through which a variety of children may rotate, or are staff responsible for particular children throughout all activities, etc.) Discuss:

_____

_____

_____

_____

101. How are children grouped in the center (i.e., by age, sex, interest, etc.)?

_____

102. How many of the staff who directly supervise or teach the children are:

1 Men - _____ (number)

2 Women - _____ (number)

103. How many volunteer hours per week are served in the care of children?

_____ hours per week

104. Who is involved in your program planning?

1 Center supervisor

2 Head teacher

3 Entire staff

4 Other (specify): _____

105. What resources do you regularly draw on as you plan your program?

1 Parent inputs

2 Consultation with community resource persons

3 Books on suggested activities

4 Other written instructional materials

5 Ideas from the children

6 Ideas from other local day care operators

7 Suggestions from volunteers

8 Other (describe): _____

_____

901-4

106. What types of activities are included in a typical day? (ASK FOR EXAMPLES OF EACH TYPE.)

1 Vigorous activities: _____

_____

2 Quiet activities: _____

_____

3 Group activities: _____

_____

4 Individual activities: _____

_____

5 Outdoor activities: _____

_____

6 Rest/nap time (how long?): _____

_____

7 Structured activities: _____

_____

8 "Free play" activities: _____

_____

9 Other (specify): _____

_____

107. As you plan your activities, what developmental skills do you try to include? (DO NOT PROMPT UNLESS YOU GET NO RESPONSE. THEN HINT, "LANGUAGE?", "MOTOR?", ETC. MAKE NOTE OF SPECIAL PROGRAM FEATURES, I.E., VISITING ART OR MUSIC TEACHER, PETS, SPECIAL EVENTS, ETC.)

01 Language skills

Motor skills:

02 -- gross

03 -- fine

04 -- eye/hand coordination

Discriminatory skills:

05 -- visual

06 -- auditory

07 -- tactile

Movement skills:

08 -- dance

09 -- "acting out", dramatization

10 -- rhythm

Science concepts:

11 -- observing, handling, feeling, [illegible]

12 -- discovering, building, finding, learning at [illegible]

Exploring:

13 -- field trips (where?) _____

_____

14 -- [illegible] _____

_____

_____

108. Is watching television [illegible]

1 Yes

2 [illegible]

110. Are the television programs watched planned in advance?

1 Yes

2 No

111. On the average, how many hours of TV watching per child is there on a typical day?

_____ hours per child

112. List some of the programs which the children view regularly:

1 _____

2 _____

3 _____

4 _____

5 _____

113. How long is the nap or rest time scheduled for children each day?

_____

114. How are individual differences in sleep needs handled?

_____

_____

_____

115. What is center policy with regard to handling disruptive behavior? (DISCIPLINE)

_____

_____

_____

_____

116. Are parents encouraged to visit, observe, and participate in the care of their children at the facility?

1 Yes

2 No

117. Are any concerns about the development or behavior of the child typically communicated to the parent verbally?

1 Yes

2 No

117. Do you attempt to provide special attention to each child's cultural or racial background?

1 Yes - In what way? _____

_____

_____

2 No

118. Do you notify school authorities when a school-age child is enrolled in your facility?

1 Yes

2 No

119. Are there continuing follow-ups between your facility and school personnel regarding the child's development and/or special learning needs?

1 Yes

2 No

120. What do you think are the most important needs of infants (0 - 18 months)?

_____

_____

_____

_____

_____

121. About how many waking hours a day are infants and toddlers in their cribs and/or play pens?

_____ hours per day

122. Do you have a caretaker specifically assigned to infant care?

1 Yes

2 No

123. How long are infants usually left in their cribs without adult attention?

_____

124. Are children given some help in learning to recognize hazards and safety practices to avoid harm?

1 Yes

2 No

125. What activities are pre-schoolers permitted to undertake without direct supervision?

126. What do you think are the most important needs of toddlers (18 - 36 months)?

127. What do you think are the most important needs of pre-schoolers (3 years - 1st grade)?

128. What do you think are the most important needs of school-age children, 6 - 10 years of age?

129. What do you think are the most important needs of school-age children, 11 years to 14 years of age?

130. What techniques do you use to evaluate a child's progress and the impact of the program on a child over time?

131. To what extent do you think parents are involved in program planning?

1 A lot

2 A little

3 Not at all

132. Can you think of any specific changes that have occurred as the result of parent involvement?

1 Yes - Please describe:

2 No

133. What kinds of child care services do you think your community needs most?

134. Do you think this program is filling these needs?

1 Yes

2 No - Please explain why not:

135. What do you like best about this program?

136. What do you like least about this program? _____

_____

_____

_____

137. Based on a scale of 1 to 5, please rate your (this) program in terms of quality and comprehensiveness in meeting the needs of children.

1 Very poor

2 Poor

3 Fair

4 Good

5 Excellent

138. Please describe your reasons for this rating. (INTERVIEWER: PROBE.)

_____

_____

_____

_____

601-4

I. NUTRITION

139. Who on the staff, if anyone, is responsible for menu planning and the nutrition area of your program?

Name: _____

Position: _____ (OBTAIN JOB DESCRIPTION

Education: _____ Years of Experience: _____

Special Nutrition Training: _____

(INTERVIEWER: IF RESPONSIBLE PERSON IS INDICATED, CONDUCT THE NUTRITION INTERVIEW WITH PERSON NAMED. IF NOT, CONDUCT THE INTERVIEW WITH CENTER DIRECTOR.)

140. What amount of their/your time is spent on nutrition?

1 Full-time

2 Part-time _____ hours per day

3 Part-time with other duties _____ hours per week

141. Do you ever use local, outside resources in your nutritional planning?

1 Yes - Please describe: _____

_____

2 No

142. How far in advance are menus planned? (GET COPY IF AVAILABLE)

1 Same day

2 Day before

3 Weekly

4 Monthly

5 Other (specify): _____

143. Who is in charge of ordering and procuring food?

Position title: _____

144. What sources do you use in obtaining food? (CIRCLE ALL THAT APPLY)

1 Retail store

2 Wholesaler

3 Surplus food

4 Donated food (SOURCE): _____

5 State milk program

6 Other (specify): _____

145. How do you ensure that infant formulae and bottles are sanitary (CIRCLE ALL THAT APPLY):

1 Sterilized bottles and nipples used

2 Disposable nipples and milk bags used

3 Other (specify): _____

146. What is the budgeted cost per child, per day, for food?

1 Infants $_____

2 Toddlers $_____

3 Pre-school $_____

4 School-age $_____

BEST COPY AVAILABLE

		YES	NO
147.	Are meals served:		
	a. Self-serve/buffet style?	1	2
	b. Sit-down in dining room?	1	2
	c. Sit-down in play room	1	2
	d. Other (specify): _____	1	2
148.	Do you hold infants when giving them their bottle?	1	2
149.	Are children's food preferences and eating habits considered in planning meals?	1	2
150.	Are children involved in menu planning?	1	2
151.	Are children involved in food preparation?	1	2
152.	Are children involved in table setting and other meal/snack preparation?	1	2
153.	Is food ever withheld or used as a reward in your program?	1	2

If yes, please describe: _____

_____

154.	Are all children present in the center offered food when it is served?	1	2

If no, please explain: _____

_____

155.	Are children permitted second helpings of meals or snacks if they wish?	1	2
156.	Do you serve the following meals/snacks?		
	a. Breakfast	1	2
	b. Morning snack	1	2
	c. Lunch	1	2
	d. Afternoon snack	1	2
	e. Dinner	1	2
	f. Evening snack	1	2

157. What did you serve for breakfast at your center today? _____

_____

158. What did you serve for lunch at your center today? _____

_____

159. What did you serve for dinner at your center today? _____

_____

160. What did you serve for snacks at your center today? _____

_____

VI. CHILD HEALTH

161. Who is responsible for the health care area of your program?

Name: _____

Position: _____ (OBTAIN JOB DESCRIPTION)

Education: _____ Years of Experience: _____

(INTERVIEWER: IF RESPONSIBLE PERSON IS ON-STAFF, CONDUCT CHILD HEALTH INTERVIEW WITH PERSON NAMED. IF NOT, CONDUCT INTERVIEW WITH CENTER DIRECTOR.)

162. What amount of their/your time is spent on the health component?

1 Full-time

2 Part-time _____ hours per week

3 Part-time with other duties _____ hours per week

4 On-call basis

5 Other (specify): _____

163. Is there a health statement for each child which indicates the following? (ASK TO SEE A RECORD)

		YES	NO
	a. There has been a recent physical examination.	1	2
	b. A conference has been held with the parent about the child's health evaluation.	1	2
	c. That needed innoculations have been or are being provided.	1	2
	d. Any special health instructions are noted.	1	2
	e. There is evidence of a new evaluation every six months for children under 36 months.	1	2
	f. There is evidence of a new evaluation every twelve months for children over 36 months.	1	2

164. Is there a dental statement for each child over 36 months which includes the following:

	a. Initial dental exam	1	2
	b. Date of follow-up	1	2
	c. Dental prevention plan	1	2

III-4

165. Center's role in ensuring child health services: (INTERVIEWER: PLEASE CHECK ALL THAT APPLY AND DESCRIBE THE PROCEDURE FOR EACH SERVICE WHICH THE CENTER TAKES RESPONSIBILITY FOR PROVIDING.)

TYPE OF SERVICE	CENTER NOTIFIES PARENTS OF A CHILD'S NEED FOR SERVICES.	CENTER NOTIFIES ADMINISTERING AGENCY OF A CHILD'S NEED FOR SERVICES.	CENTER REFERS PARENTS TO SOURCES OF NEEDED SERVICES.	PARENTS RESPONSIBLE FOR PURCHASING THE NEEDED SERVICES	CENTER PROCURES THE SERVICES NEEDED.	DESCRIBE PROCEDURE/ FACILITY/STAFF ARRANGEMENTS.
General Physical checkup						
Diagnostic Testing (e.g. hearing, sight)						
Innoculations & Immunizations						
Emergency care						
Other Medical Treatment						
Psychological Assessment						
Dental examination						
Dental treatment						
Psychiatric care						

166. Does the administering agency offer help to parents in obtaining treatment for children?

1 Yes

2 No

167. How long after a child is enrolled must a medical and/or dental evaluation be completed?

_____

168. What kind of treatment facilities do you usually use?

1 Center dispensary

2 Physician's office

3 Hospital

4 Public Health Clinic

5 Other (specify): _____

_____

169. What steps would you take if a child in your care suddenly became ill or was severely injured? (DO NOT PROMPT. DETERMINE IF A CLEAR PROCEDURE HAS BEEN ESTABLISHED:)

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

9 Don't know.

170. Are all staff instructed on emergency medical and evacuation procedures?

1 Yes

2 No

171. Do you have evacuation drills?

1 Yes - Indicate how often: _____

2 No

172. What is the name of your source of emergency care?

Physician: _____

Hospital/Clinic: _____

173. How far away from the center is this source (physician or hospital/clinic) located?

_____ Miles

174. Are staff members given first aid training?

1 Yes, all staff

2 Yes, selected staff -- How many persons? _____

3 No

SOCIAL SERVICES

175. Who is responsible for arranging supportive social services for children and their families?

Name: _____

Position: _____ (OBTAIN JOB DESCRIPTION)

Education: _____ Years of Experience: _____

(INTERVIEWER: IF RESPONSIBLE PERSON IS ON-STAFF, CONDUCT SOCIAL SERVICES INTERVIEW WITH PERSON NAMED. IF NOT, CONDUCT INTERVIEW WITH CENTER DIRECTOR.)

176. What amount of their/your time is spent on the social service component of the program?

1 Full-time

2 Part-time _____ hours per week

3 Part-time with other duties _____ per week

4 Other (specify): _____

		YES	NO
177.	Do you provide referral services to parents whose children may have behavioral or learning problems which require some professional attention?	1	2
178.	Does the administering agency provide you with a current list of the social service agencies in the community?	1	2
179.	Are the telephone numbers and addresses of social and psychological services posted in the facility?	1	2
180.	Do you have a record on file for children with identified social service or psychological problems?	1	2
181.	Does the record on file normally include an evaluation by a competent specialist?	1	2

182. How would you generally describe the families involved in your program?

1 No special services required

2 In need of social services

3 In need of child-rearing practices assistance

4 In need of special diagnostic or other services

5 Other (describe): _____

183. How much responsibility do you think the center should have regarding families in need of social services?

Discuss: _____

184. Are you in regular contact with the caseworkers of all federally supported children in your center?

1 Yes

2 No

185. How frequent are these contacts, and for what reasons? _____

Budget Bureau No. OMB-85-S-72028
Approval Expires: 30 May 1975

CHILD OBSERVATION SCHEDULE

FOR CENTERS AND HOMES

(OBSERVE IF AT ALL POSSIBLE; VALIDATE WITH INTERVIEW, IF NECESSARY. CIRCLE NUMBER INDICATING WHETHER "YES/NO" RESPONSE IS YOUR OBSERVATION OR INTERVIEWEE'S ANSWER.)

	OBSERVATION		OPERATOR RESPONSE		NOT APPLICABLE
	YES	NO	YES	NO	
1. Day care facility operator possesses written evidence of compliance with local and state regulations pertaining to fire, safety, sanitation and licensing. Date of evidence: _____ Type(s): _____ If no evidence, explain: _____	1	2	3	4	5
2. Heat is available and easily controlled in all indoor areas where children are cared for. If no, specify: _____	1	2	3	4	5
3. Radiators, water pipes, etc., are covered to prevent burns. If no, specify: _____	1	2	3	4	5
4. No highly flammable furnishings or decorations are used.	1	2	3	4	5
5. Dangerous materials and poisons are kept in cabinets inaccessible to children unless permitted	1	2	3	4	5
6. An approved fire extinguisher is available.	1	2	3	4	5
7. Emergency lighting is available (flashlight, etc.)	1	2	3	4	5
8. Premises are free of rats, roaches and other pests. If no, specify: _____	1	2	3	4	5

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	OBSERVATION		OPERATOR RESPONSE		NOT APPLICABLE
	YES	NO	YES	NO	
9. Premises are free of hazards, e.g., splintered, sharp or protruding corners or edges, loose or broken parts, etc. If no, specify: _____	1	2	3	4	5
10. Outdoor play areas are fenced.	1	2	3	4	5
11. Any swimming is supervised. If no, specify: _____	1	2	3	4	5
12. Facility is such that caretaker is within seeing or hearing distance of each child less than 6 years old at all times.	1	2	3	4	5
13. Indoor areas are clean and safe for children (i.e., all stairways have railings; for infants and toddlers, safety glass is used and clear glass doors are marked). If no, specify: _____	1	2	3	4	5
14. Paint in the facility has been evaluated for lead content.	1	2	3	4	5
15. Adequate lighting is available in each room used by the children.	1	2	3	4	5
16. Local authorities have approved the water supply (or a City/County water system, or well water has been tested.)	1	2	3	4	5
17. Local authorities have approved the sewage system (or a City/County sewage system, or own disposal unit has been tested.)	1	2	3	4	5
18. Solid waste (garbage and rubbish) is collected and stored in a safe and sanitary manner, and disposed of regularly by City/County trash collection or contracted with private collector.	1	2	3	4	5
19. There are adequate indoor toilets and handwashing facilities available (e.g., basin near every toilet).	1	2	3	4	5
20. When infants and toddlers are given care, sufficient quantities of clean diapers are available and there is sanitary provision for their disposal when soiled.	1	2	3	4	5
21. Toilet and bathing facilities for infants and toddlers are available, safe and cleaned promptly after use.	1	2	3	4	5

	OBSERVATION		OPERATOR RESPONSE		NOT APPLICABLE
	YES	NO	YES	NO	
27. The facility provides at least 35 sq. ft. of indoor space per child, excluding bathroom, halls, kitchens and storage places.	1	2	3	4	5
28. If 35 sq. ft. indoor space is not available, there is sheltered outdoor space for activities normally conducted indoors.	1	2	3	4	5
29. Special needs of handicapped children are provided for where appropriate.	1	2	3	4	5
30. The facility includes a designated place where the child can rest quietly or lie down to rest.	1	2	3	4	5
31. The facility provides cribs and other safe and suitable places for infants. If not, describe:_____	1	2	3	4	5
32. When children are given care during the evening or night, suitable bedding and facilities for bathing are provided to ensure adequate rest and hygiene (e.g., 1 child/equivalent of a single bed width, quiet room, clean and adequate bedding.)	1	2	3	4	5
33. There is a posted disaster/fire evacuation plan. Evacuation drills occur at least once a year.	1	2	3	4	5
34. There is a telephone on the premises.	1	2	3	4	5
35. There is a list of emergency numbers posted near the phone.	1	2	3	4	5
36. There is a posted first aid/emergency treatment chart.	1	2	3	4	5
37. Available staff personnel can carry all infants and toddlers in event of emergency.	1	2	3	4	5
38. In a family day care home, a second adult is readily available to be summoned to assist in any emergency. Specify:_____	1	2	3	4	5
39. Facility has an isolated rest or play area for an ill or injured child, under adult supervision. If no, what is done?_____	1	2	3	4	5

	OBSERVATION		OPERATOR RESPONSE		NOT APPLICABLE
	YES	NO	YES	NO	
35. Drugs or medicines are clearly labeled, administered only with written permission of the parent, and safely stored. If no, specify:_____	1	2	3	4	5
36. Children are given instruction on safety practices and hazards.	1	2	3	4	5
FOR CENTERS OR HOMES PROVIDING OR ARRANGING FOR TRANSPORTATION ONLY (DOES NOT INCLUDE TRANSPORTATION PROVIDED IN A FORMAL SCHOOL PROGRAM):					
37. All vehicles and drivers are inspected and licensed in accordance with state law, and are insured for liability to passengers.	1	2	3	4	5
38. Children are picked up and dropped off at places that are safe from traffic hazards.	1	2	3	4	5
39. The transportation services used meet the safety and supervisory requirements applicable to school transportation services in the community. Obtain copy or ask for a description of requirements. If unknown to respondent, why not known?_____	1	2	3	4	5
40. Does any child have longer than a 30-minute ride each way to and from the center each day? If yes, how many children?_____	1	2	3	4	5
41. Is an infant restraint or seat belt available for each child six and under?	1	2	3	4	5
42. For each child six and under, does someone supervise each child from his residence (or supervised waiting group) to the care of an authorized adult at the day care facility and back to the care of the authorized adult? If no, explain system:_____	1	2	3	4	5
43. For children aged 3 - 6, is there an attendant in addition to the driver if more than 10 children are in one vehicle, two attendants for more than 20 children, and three attendants for more than 40 children? If no, what is available?_____	1	2	3	4	5

	OBSERVATION		SPECIFIC RESPONSE		NOT APPLICABLE
	YES	NO	YES	NO	
44. For infants and toddlers age 0 - 35 months, is an attendant in addition to the driver present if a vehicle has more than two infants and toddlers, two attendants for 7 or more infants and toddlers, and a ratio of one adult to three children for larger numbers of infants and toddlers?	1	2	3	4	5
If no, what is available? _____					
45. Is an infant or toddler ever left unattended in a vehicle, e.g., while the driver escorts another child to the vehicle?	1	2	3	4	5

EQUIPMENT AND FACILITY CHECK LIST. (INTERVIEWER: TAKE A SURVEY OF THE FACILITIES AND EQUIPMENT AVAILABLE TO THE CHILDREN IN THE DAY CARE FACILITY. CIRCLE THE NUMBER OF THE APPROPRIATE RESPONSE.)

	INADEQUATE	ADEQUATE	SUPERIOR
46. Unobstructed play area	1	2	3
47. Outdoor space	1	2	3
48. Activity area	1	2	3
49. Equipment and toys:			
a. Language (books, word games, etc.)	1	2	3
b. Music (rhythm instruments, records, phonograph, piano)	1	2	3
c. Art (paints, easels, clay, crayons, etc.)	1	2	3
d. Messing (water tub, toys, sand box, toys)	1	2	3
e. Make-believe (toy trucks, cars, dolls, hats, dollhouse, etc.)	1	2	3
f. Concepts (stacking, sorting toys, puzzles, etc.)	1	2	3
g. Small muscle and coordination (blocks, beads, etc.)	1	2	3
h. Large muscle (jungle gym, tricycles, scooters, rockets, etc.)	1	2	3
50. Fun/appeal factors (i.e., exhibits, posters, pictures, bright colors, pets, plants, etc.)	1	2	3

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	INADEQUATE	ADEQUATE	SUPERIOR
51. Age appropriateness	1	2	3
52. Cultural appropriateness (i.e., materials reflect cultural differences of children -- books, pictures, dolls indicating minority group/language differences, etc.)	1	2	3
53. Quantity (enough materials for number of children cared for at facility)	1	2	3

KITCHEN CHECK. (RATE THE KITCHEN AND EQUIPMENT ON A 3-POINT SCALE ON EACH OF THE FOLLOWING ITEMS):

	STATE OF REPAIR			CLEANLINESS		
	INAD.	ADEQ.	SUPER.	INAD.	ADEQ.	SUPER.
54. Stove, including ovens	1	2	3	1	2	3
55. Refrigerator, including freezer	1	2	3	1	2	3
56. Sinks	1	2	3	1	2	3
57. Storage space	1	2	3	1	2	3
58. Utensils, pots and pans	1	2	3	1	2	3
59. Floors	1	2	3	1	2	3
60. Kitchen as a whole	1	2	3	1	2	3

	INAD.	ADEQ.	SUPER.
61. There is adequate lighting in kitchen	1	2	3
62. Containers of food are clearly labeled	1	2	3
63. Foods or beverages prepared outside the facility are transported in sanitary containers	1	2	3

CHILD-RELATED COMFORT-CONVENIENCE FACTORS (INTERVIEWER OBSERVATIONS):

	INAD.	ADEQ.	SUPER.
64. Sizes of tables and chairs	1	2	3
65. Accessibility of things (e.g., height)			
a. Things to use/look at	1	2	3
b. Ways to control the environment (e.g., doorknobs, faucets, etc.)	1	2	3
66. Places to put/keep things	1	2	3
67. Places to display things	1	2	3
68. Places to rest (not nap)	1	2	3

	INAD.	ADEQ.	SUPER.
69. Places for small groups	1	2	3
70. Places for large groups	1	2	3
71. Places to do your own thing	1	2	3
72. Places for different activities (e.g., music, art, science, housekeeping)	1	2	3
73. Places to stand/sit/sprawl (include comfort/variability of chairs/stools, floor surfaces, etc.)	1	2	3
74. General organization (comfort/interest from 3 feet off the ground -- ts, .)	1	2	3

OBSERVED INSTANCES IN WHICH A CHILD'S BASIC NEEDS ARE NOT BEING MET. INDICATE THE NUMBER OF SUCH CHILDREN.

	NUMBER OF CHILDREN
75. Child apparently ill (e.g., coughing, runny nose)	_____
76. Child poorly clothed (e.g., inadequate outer garment)	_____
77. Child withdrawn or apathetic	_____
78. Untreated injuries (e.g., cuts, bruises)	_____
79. Personal hygiene problems	_____

911-11